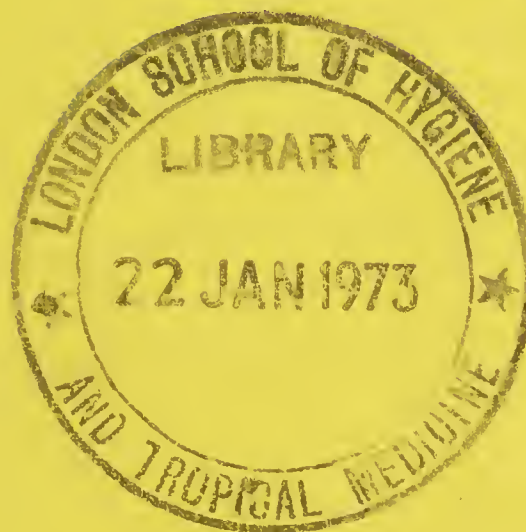


C.44944.

Reh'd.

COUNTY BOROUGH
OF WEST BROMWICH



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

HUGH BRYANT, O.B.E., M.B., Ch.B., D.P.H.

1971



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30260140>

CONSTITUTION OF COMMITTEE 1971

(as at 31st December)

HEALTH AND HYGIENE COMMITTEE

Chairman :	Councillor E. Clarke
Deputy Chairman :	Councillor F. H. Bird
Alderman Mrs. M. M. Owen	Councillor A. E. Diggett
Alderman Mrs. L. Peckover	Councillor A. Handley
Councillor R. J. Ashby	Councillor W. H. Pester
Councillor T. C. Beeson	Councillor J. Stokes

Co-opted Members

Dr. D. Saklatvala
Dr. W. J. Walkden
Mr. J.O. Robins
Dr. J. F. Milligan

PRINCIPAL STAFF

(as at 31st December, 1971)

HEALTH DEPARTMENT

Medical Officer of Health	H.O.M. Bryant, O.B.E., M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health	Margaret A. Shields, M.B., Ch.B., D.P.H.
Senior Medical Officer of Health	Esther T. Riley, M.B., Ch.B.
Medical Officer in Department	Sharda H. Khandheria, L.M.P., M.B.B.S., M.D. (Obst. & Gynae)
Chest Physician (part-time)	C.W.D. Cole, M.R.C.S., L.R.C.P.

Senior Administrative Assistant	J.M. Hillier, D.M.A.
Chief Nursing Officer	Eleanor A. Roberts, S.R.N. S.C.M., H.V. Certificate.
Supervisor of Health Visitors and District Nurses/Deputy Nursing Officer	Mrs. M. W. Woolley, S.R.N.,S.C.M., Q.N., H.V. Certificate.
Supervisor of Midwives	Mrs. L. Jacques, S.R.N., S.C.M., Q.N.
Principal Dental Officer	J.B.C. Cuzner, L.D.S. (who is the Principal School Dental Officer)
Chief Chiropodist	Constance M. Edge, M.C.H.S., S.R.C.H.
Ambulance Superintendent	L. Jasper

OUTSIDE ESTABLISHMENTS

(as at 31st December, 1971)

Health

Health Centre : Birch Street, Tipton. (Opened 2nd April)

Infant Welfare Centre : Boulton Road
 Friar Park Road
 Whitehall Road
 Tanhouse Avenue
 Bratt Street
 Hill Top
 Hill Lane
 Jervoise Lane
 Redwood Road
 St. Mary's Hall, Charlemont Farm
 Birch Street, Tipton.
 Central, Tipton
 Ocker Hill
 St. Michaels Hall, Burnt Tree

Infant Welfare Centre Continued :-

Mesty Croft, Wednesbury
Albert Street, Wednesbury
Chapel Lane, Great Barr.

Field Centres :—

Health Centre, Tipton.
20, Hydes Road, Wednesbury.
20, Heath Lane, West Bromwich.

FOREWORD

This Annual Report relates to the activities of the Health Department during the calendar year 1971. The executive responsibility for services has diminished compared with that in 1970, due to the transfer by legislation of responsibility for the following services to the newly formed Social Services Department:—

Care of the Unmarried Mother;

Matters connected with Child Minding and Day Nurseries;

Mental Health Services (including the Senior Training Centre at the Crest);

The Home Help Service; and

The whole of the former Welfare Services.

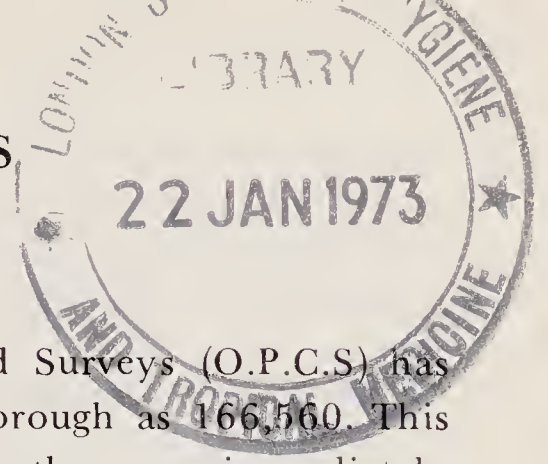
The Junior Training Centre was transferred by legislation to the Education Service and has become a Special School. Responsibilities for the provision of the School Health Service to this school continue of course with the Health Department.

In all these activities, therefore, the functions of the medical Officer of Health and his staff are now advisory and not so much executive. The appropriate staff (including administrative) were transferred with the services.

I must record my thanks to the Director of Social Services, Mr. G.S. Dunn, and his senior staff for the efforts they have made to develop a system of close co-operation in day to day work between the two departments. Similar thanks are due to the staff of the Health Department. There is evidence that liaison is at a better level here than in many areas.

As in previous years, the report on environmental health is included in the form of an annual report from the Chief Public Health Inspector, Mr. S. Cayton. This document has also been submitted separately as his annual report to the Council.

VITAL STATISTICS



Population

The Office of Population Censuses and Surveys (O.P.C.S) has estimated the mid-year population for the Borough as 166,560. This indicates a fall in population from figures in the years immediately previous to 1971. Preliminary figures from the analysis of the 1971 Census indicate a continuing rise in the percentage of persons in the Borough over 65 in line with national trends and now approximately 10% (on the preliminary estimate) of the population of the Borough are aged 65 years and over.

Births

The birth rate, although showing a slight increase over the rate for 1971, is, in common with the national experience, considerably lower than the rates recorded in the early 1960's.

Deaths

As in previous years, the death rate (corrected for the age and structure of the population) is considerably in excess of the national average (14.7 per 1,000 compared with 11.6). The predominating cause appears to be the large number of deaths certified as due to chronic bronchitis. The peri-natal death rate has shown a gratifying fall but is still in considerable excess of the national average.

LOCAL HEALTH SERVICES

Health Centres

The first health centre in the Borough was opened on 2nd April, 1971, by the Secretary of State for the Social Services (the Rt. Hon. Sir Keith Joseph, Bt., M.P.). This centre takes the form of an extension to an existing clinic. Although it is a relatively modest project, it is important as the first and plans are being made for two more - one a modest project and one a major one in the Town Centre. I must record the fact that throughout the stage of planning and during the commissioning (and subsequently) the enthusiastic co-operation of the four general practitioners involved was the major factor in the successful

establishment of this — the first health centre. The provision of primary medical care needs adequate facilities for general practitioners and their patients and health centres are a means of providing these and hence a contribution to the effective care of those who are sick.

Mothers and Young Children

Child Health Clinics remain popular with mothers and attendances are substantially the same as in 1970. The function of these clinics is changing towards the provision of regular examinations of the developmental progress of children at regular intervals by appointment.

Midwifery

Ante-Natal Clinics run by the Local Authority play but a minor part in the ante-natal care in the Borough. General Practitioners undertake the bulk of this work in their own surgeries with the help of domiciliary midwives attached to their practices for this purpose. On the other hand, preparation for child birth and mother craft classes in the clinics are supported and popular. Preliminary thought has been given during 1971 to a closer integration of domiciliary and hospital midwifery in association with the Portland House Maternity Home, but at the end of the year this was more a concept to be pursued in 1972, than a firm suggestion for immediate action. The midwifery service, divided as it is between the three parts of the National Health Service, needs re-organisation for there are relatively few home confinements to help to keep domiciliary midwives experienced in the delivery (as opposed to the after-care) of women in childbirth. There has been a welcome fall in 1971 in the number of women in the “special risk” group, i.e., women over forty (or thirty) having their first baby and those with four or more children, confined at home. There were still however 62 women in this group confined at home out of 476 domiciliary confinements.

Health Visiting

All Health Visitors are deployed on the basis of general practices working in close association with the practitioners. The outstanding problem in the Health Visiting Service is one of recruitment. It is patently impossible to expect a full service with approximately 50% of desirable staff and recruitment is extremely difficult. As previously reported this is the problem of a national shortage resulting in an acute shortage in industrial towns.

Home Nursing

This service, although reasonably staffed, needs expansion if the needs of an increasing number of the elderly are to be met, together with the demands resulting from the shift from care in hospital to care in the community. As a measurement of work done the “visit” is not an effective unit. Although visits have not increased in number, the work of each visit is changing, involving more lengthy general care. It is my view that the service needs to be increased gradually, particularly by the employment of state enrolled nurses and auxiliaries to assist the present state registered nurses.

Vaccination and Immunisation

As in previous years the figures are disappointing. The shortage of Health Visitors is one factor in the low percentages recorded, but except for vaccination of school children against Rubella, the proportion of children protected by immunising procedures is low. At the end of the year, progress was still being made on a computer application to immunisation records but it was unlikely that this would take effect due to certain changes of staff until later in 1972.

Ambulance Service

This shows little change. Proposals are being formulated for a revision of the management structure with the intention to follow this in due course by an “efficiency bonus” scheme. Progress on this is always the impending re-organisation of the National Health Service with its effect on the Ambulance Service to be considered.

Care and After-Care

In the Chiropody Service there was an increase in the number of patients treated, but the demand for the service is greater than can be met with the existing staff and chiropodists are difficult to recruit. I am certain that the need for chiropody is not reflected in the current demand, but since the current demand cannot be met with the existing staff it is difficult to suggest embarking on a campaign to find old people who would benefit from chiropody and who are not aware of it.

Infectious Disease

Dr. Cole, Consultant Physician at Heath Lane Hospital, has

reported on Tuberculosis. Not unexpectedly his report shows an increase in the number of notifications of cases of this disease in 1971. Notifications, however, vary considerably from year to year. The important point is that the general trend currently is upwards. As Dr. Cole indicates, the rise is due to cases occurring in the families of Asian origin. An effort is made to trace all new arrivals of immigrants from overseas that are notified to the Health Department from the port of entry, but most of the infection is contracted in this country. I cannot see this increased incidence ceasing suddenly. Tuberculosis requires effective treatment of cases, the examination of contacts and healthy non-overcrowded housing conditions to achieve its control. The first two of these conditions are met in West Bromwich where the services are, in my view, adequate, particularly with the recruitment of tuberculosis visitors who speak some of the languages common in the Indian Sub-Continent.

The other cause of the increase is a small outbreak which occurred in a large school. Outbreaks of this type must be expected from time to time and invariably generate alarm, but with the appropriate action are usually controlled. Overall, however, the report indicates tuberculosis still presents a problem and is likely to do so for some years.

The figures given for the sexually transmitted diseases (venereal disease) in my view do not represent the extent of the problem. These conditions are not notifiable and the figures quoted come from an analysis of clinic attendances at hospital clinics. This country is fortunate in having an efficient public service for treatment of venereal disease and in not having allowed this to run down and disappear during the period in the 1950's when the incidence was falling. The arrangements with the hospital authorities for the employment of clinic based contact tracers are satisfactory, but it may be necessary to increase this provision if the epidemic continues.

Another problem in respect of infectious disease arises from the substantial number of persons who now take their holiday or travel abroad. Many of these need international certificates of vaccination (which need authentication by the Health Department) and others become contacts of diseases prevalent in the countries they have visited. These require investigation on their return. Hence the figures for

notifiable diseases do not reflect adequately the amount of activity of the Health Services in regard to control.

Additional Information

There is no Health Education Section in the Health Department although a small start on one is expected to take place in 1972. It follows that apart from the personal activities of staff, e.g. Health Visitors, Health Education activities were relatively small in 1971.

In regard to the involvement of the Department in rehousing, attention must be drawn to the substantial rise (from 356 in 1970 to 680 in 1971) in requests to transfer from existing Corporation tenants on the grounds of illness. The function (largely exercised by the Deputy Medical Officer of Health) is one of scrutinising such applications all of which are supported by medical certificates from their own doctors and deciding which are the most worthy because transfers cannot be found for all.

Every such applicant would benefit in health from being rehoused, (and a certificate to this effect is received from the family doctor). The number of properties however available for such transfers is limited and the work is in a sense a negatoin of preventive medicine. It occupies almost a third of the time of the Deputy Medical Officer of Health and the work is increasing.

A report on the medical examination of staff for the Corporation is included. I would question the medical importance of that portion of the work concerned with fitness for employment in administrative and clerical capacities. Such staff do not have physically demanding work and it is difficult to see why a particularly high standard of health is needed. This is, of course, also tied up with the problems of admission to the Superannuation Scheme.

A note is also included on the work undertaken in advising the Local Licensing Authority on applications for driving licences, particularly from persons who indicate they suffer, or have suffered, from disabling attacks of sudden giddiness (e.g. epilepsy).

The Hygiene of the Environment

I am indebted to Mr. Stanley Cayton, M.B.E., the Chief Public

Health Inspector, for his report. As already stated, this is also printed separately and submitted to the Council as his annual report.

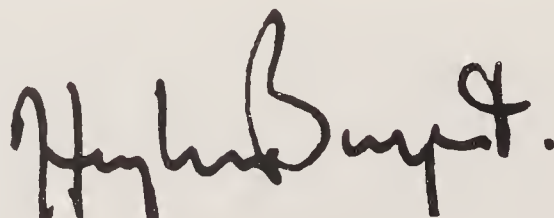
Additional comment of mine seems somewhat superfluous except to stress the problems which face the Public Health Inspectors in maintaining the Borough in a reasonably sanitary condition. Perhaps it is also pertinent to draw attention to the fact that in regard to the hygiene of the environment, Local Authorities can only act within the legal powers given to them and sometimes Inspectors may wish to alleviate the problems met by the public but find there are no specific powers to enable them to do so.

It is reasonable with the increased interest taken in the environment by articulate members of the general public to express the hope that there will be consolidating sanitary legislation replacing in particular the Public Health Act 1963 in the not too distant future, giving powers and duties to Local Authorities that are more in tune with the current upsurge of interest in environmental hygiene.

Conclusion

The proposed re-organisation of Local Government and in particular the Health Service is causing a certain amount of uncertainty amongst staff as to their future and it is to be hoped that more detailed proposals will be available shortly for otherwise this is somewhat of a deterrent to recruitment. It also causes a considerable amount of work for the Department.

There are many people to thank — in particular the staff of the Health Department for their loyal service during 1971, my colleagues in the medical and nursing professions in the town, the other Chief Officers for their forbearance and the Committee for their understanding.

A handwritten signature in black ink, appearing to read 'H.O.M. Bryant'.

H.O.M. BRYANT,

Medical Officer of Health

July, 1972.

TABLE OF CONTENTS

PART I

Statistical Information	13–25
Summary of Statistics	13–14
Vital Statistics	15–25
Population	15
Births	17
Stillbirths	17
Deaths	17–25
Deaths from Cancer	18
Deaths from Diseases of Respiratory System	19
Infant Mortality	20
Deaths under Four Weeks of Age	21–22
Perinatal Mortality	23
Maternal Mortality	24
Morbidity	24
Suicide	24
Road Accidents	25
Home Accidents	25

PART II

Local Health Services	
Health Centres	27–36
Care of Mothers and Young Children	28–34
Ante-Natal Clinics	28
Infant Welfare Centres	30
Food and Medicaments	31
Dental Services	32–33
Babies Born with Congenital Defects	34
Care of Unmarried Mothers	35
Family Planning	35
Ultra Violet Light Clinic	36
Day Nurseries, Child Minders and Playgrounds	36
Playgroups	36
Midwifery	
General Arrangements	37
Distribution of Confinements	38
Midwives Statutory Notifications	37
Early Discharges from Hospital	41
Ante-Natal Facilities	38
Teaching Midwives	40
Post-Graduate Courses	40
Cases of Potential Difficulty	41
Health Visiting	
General Arrangements	43
Home Visits	46
Diabetic Clinic	44

Home Nursing	
General Arrangements	48
Cases Nursed	49
Training of District Nurses	48
Vaccination and Immunisation	
Vaccination against Smallpox	50
Immunisation against Diphtheria, Whooping Cough & Tetanus	51
Vaccination against Poliomyelitis, Measles, & Rubella	51–52
B.C.G. Vaccination	53
Ambulance Service	54
General Arrangements	55
Ambulances	55
Work Done	56
Major Accidents	57
Care and After Care	58–60
Convalescence	58
Loan Equipment	58
Incontinence Pad Service	58
Chiropody Service	59
Home Help Service	60
Cervical Cytology	60
Mental Health Training Centres	60

PART III

Infectious Diseases	
Incidence	61
Deaths from Infectious Diseases	62
Dysentery and Gastroenteritis	62
Measles	62
Ophthalmia Neonatorum	63
Pneumonia	63
Poliomyelitis	63
Scarlet Fever	63
Whooping Cough	63
Smallpox	63
Infective Jaundice	63
Tuberculosis	64
Venereal Disease	71

PART IV

Additional Information	
Health Education	73
Rehousing on Medical Grounds	73
Medical Examinations	75
Home Safety	74
Cost of Services	77
Fluoridation of Water Supplies	77

PART V

ENVIRONMENTAL HEALTH SERVICES

PART 1
STATISTICAL INFORMATION
Vital Statistics

SUMMARY OF STATISTICS 1971

COUNTY BOROUGH OF WEST BROMWICH

The County Borough of West Bromwich is situated in South Staffordshire and is a manufacturing town principally engaged in foundry work and allied industries. The town is situated in the Midlands conurbation and has a number of residents who originally came from Asian and West Indian Countries.

Elevation above sea level:	347 to 569 feet (105.77 – 173.43 metres)
Geological formation	Consisting chiefly of shales, red sandstones and magnesium limestone. Coal seams are prevalent in certain areas.
Rainfall (inches) :	25.98
Area in acres (land and inland water) :	11,679 (4,726 .49 hectares)
Population per acre:	14.2

New houses constructed, including flats 1971 :—

Local Authority	158
Private Enterprise	636
	<hr/>
	794
	<hr/>

Estimated number of houses in Borough as at 1st April, 1971	53,760
Rateable value as at the 1st April, 1971	£8,286,303
Rate at 1p in the £ estimated to produce at 1st April, 1971	£83,000

Vital Statistics

Population (estimated civilian population mid 1971)	166,560
(Sample Census 1966)	170,370
Census 1971 (preliminary)	166,620
Live Births:	
Males	1432
Females	1403
	2,835
Live Birth Rate (Per 1,000 population) :	17.0

Live Birth Rate (per 1,000 population) corrected	16.0
Comparability Factor (Births)	0.94
Ratio of Local Adjusted Birth Rate & National Rate	1.00
Illegitimate Live Births	198
Illegitimate Live Births per cent of total Live Births	6.9
Stillbirths	45
Stillbirth Rate (per 1,000 live and stillbirths)	15.6
Total Live and Stillbirths	2880
Infant Deaths	53
Infant mortality rate (per 1,000 live births)	19.0
Legitimate infant mortality rate (per 1,000 legitimate births)	19.0
Illegitimate infant mortality rate (per 1,000 Illegitimate births)	10.0
Neo-Natal mortality rate (deaths under four weeks per 1,000 live births)	11.6
Early neo-natal rate (deaths under one week per 1,000 live babies)	10.2
Perinatal mortality rate (stillbirths and deaths under one week per 1,000 live and stillbirths)	25.6
Maternal deaths (including abortion)	Nil
Maternal mortality rate (including abortion per 1,000 live and stillbirths)	Nil
Deaths :	Males 940
	Females 801
	1741
Death Rate (Per 1,000 population)	10.5
Death Rate (corrected 1.40)	14.7
Ratio of Local Adjusted Death Rate to National Rate	1.27
Pulmonary Tuberculosis death rate (per 1,000 population)	0.03
Cancer Death Rate (per 1,000 population)	2.2

England and Wales

Mid-year population	48,815,000
Birth rate	16.0
Death rate	11.6
Stillbirth rate (per 1,000 total births)	12.0
Infant Mortality rate	18.0

Name and Address of Medical Officer of Health:

H.O.M. Bryant, O.B.E., M.B., Ch.B., D.P.H.

Health Department, West Bromwich.

Telephone : 021-569 2550 (Home : 021-357 5805)

VITAL STATISTICS

Population

The following figures show the estimated mid-year population in the Borough for each year since the census in 1951.

1951	87,981 (Census)	1961	96,041 (Census)
1952	87,640	1962	97,050
1953	87,960	1963	97,710
1954	88,650	1964	97,600
1955	89,640	1965	98,040
1956	90,720	1966	171,760
1957	93,380	1966 (Sample Census 170,370)	
1958	93,380	1967	172,650
1959	93,590	1968	172,350
1960	93,780	1969	171,850
		1970	173,010
		1971	166,560
		1971	166,620 (Census preliminary figure)

On 1st April 1966, the Borough boundaries were enlarged by the WEST MIDLANDS ORDER, 1965.

The Office of Population Censuses and Surveys has made available for many local authorities information on the 1971 census, grouping the population by age and sex. I am indebted to the Planning Section of the Borough Surveyor's Department for a table showing the approximate numbers and the percentages in age groups and by sex.

It is necessary to make several points on this information :—

1. The figures are preliminary figures for the O.P.C.S. The final figures will differ but it is not thought to a marked degree.

2. The analysis is on year of birth rather than the five year age group used in previous census figures and to be used in the final data. This is not of great importance except that since the census was in April, there is an overstatement of 0 – 5 age group by about six per cent.
3. Data are rounded to the nearest five and the figures do not necessarily add up.

These figures, although not final, enable some indication of the trends to be seen. In particular the number of persons over 65 years of age is, as expected, rising from approximately 8.4% of the population in 1961, 9.3% in 1966 and 10.1% in 1972. The ratio of men to women in the age group over 65 has remained fairly constant at about two women to one man.

On the 1971 figures it seems that the population is likely to contain approximately :—

1. 8.4% age 0 – 5
2. 16% „ 5 – 15
3. 10% „ 65 years and over.

Pending the publication of final figures, this seems a basis for planning.

Age—year of birth for 1971	Male	%	Female	%	Total	%
0— 4 (1971-1966)	7580	9.15	7275	8.69	14855	8.92
5— 9 (1965-1961)	7100	8.57	7005	8.37	14105	8.47
10—14 (1960-1956)	6670	8.05	6270	7.49	12940	7.77
15—19 (1955-1951)	6540	7.89	6040	7.21	12580	7.55
20—24 (1950-1946)	6290	7.59	5630	6.72	11920	7.15
25—29 (1945-1941)	5200	6.27	4890	5.84	10085	6.05
30—34 (1940-1936)	5170	6.24	4800	5.73	9970	5.98
35—39 (1935-1931)	5235	6.32	4840	5.78	10070	6.04
40—44 (1930-1926)	5850	7.06	5485	6.55	11335	6.80
45—49 (1925-1921)	6130	7.40	5940	7.09	12070	7.24
50—54 (1920-1916)	5495	6.63	5275	6.30	10770	6.46
55—59 (1915-1911)	5020	6.06	5180	6.19	10200	6.12
60—64 (1910-1906)	4255	5.13	4585	5.48	8845	5.31
65—69 (1905-1901)	3045	3.67	3790	4.53	6835	4.10
70—74 (1900-1896)	1800	2.17	3110	3.71	4905	2.94
75 + (Pre 1896)	1500	1.81	3620	4.32	5125	3.08
Total	82885	100	83735	100	166620	100

Births

There were 2,835 live births during the year to residents of West Bromwich, giving a birth rate of 17.0 per 1,000 population, and the number of births, and the birth rates for the last 10 years are shown in the following table. Of the total of 332 births (included in the above) to mothers of Asiatic, African or West Indian origin, 322 occurred in hospital and 10 at home.

Year	Number of Live Births	Birth Rate Per 1,000 Population
1961	1,817	18.9
1962	1,854	19.1
1963	1,891	19.4
1964	1,855	19.0
1965	1,782	18.1
1966	3,133	18.2
1967	3,105	18.0
1968	3,075	17.8
1969	2,969	17.3
1970	2,788	16.1
1971	2,835	17.0

The Birth Rate in 1971 showed a rise on 1970.

There were 1432 boys and 1403 girls born in 1971 and of these 198 were illegitimate births, giving an illegitimate birth rate per 1,000 live births of 69 compared with 76 in 1970.

Stillbirths

The total number of stillbirths to West Bromwich residents was 45 giving a stillbirth rate of 15.6 per 1,000 live and still-births, The rate for England and Wales is 16.00.

Deaths

There were 1,741 deaths of West Bromwich residents (940 males and 801 females) during the year, 1,088 of which occurred in persons aged 65 years and over. This gives a crude death rate per 1,000 population of 10.5. If this is corrected by use of the comparability factor supplied by the Register General to take account of the age structure of the population in relation to that nationally, the figure is 14.7 compared with 14.4 for 1970.

The death rate (after correction to allow for differences between the age and sex structure of the population compared with the country as a whole) at 14.7, compares very unfavourably with England and Wales at 11.6.

The following table shows the principal causes of death over the last 10 years :—

Summary of the Principal causes of death for years 1962/1971

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Cancer	154	194	190	169	306	347	393	379	383	372
Heart Disease	282	231	259	298	574	568	527	570	520	603
Pneumonia	73	74	98	77	125	104	117	157	143	137
Bronchitis & other respiratory diseases	82	105	88	81	197	170	158	227	176	147
Vascular lesions	108	130	138	111	244	224	235	244	210	218
Tuberculosis :										
Pulmonary	11	7	7	6	21	20	8	6	10	6
Non- Pulmonary	1	—	1	1	—	1	3	6	—	2

Deaths from Cancer

The following table gives details of the number of deaths , localisation of, and the rate per cent of total cancer deaths for certain specified sites of the body.

	No. of Deaths During 1970		Rate per cent of total cancer deaths	
	1970	1971	1970	1971
Stomach	51	48	13.4	12.9
Lungs & Bronchus	119	89	31.1	23.9
Breast	44	36	11.4	9.8
Uterus	3	18	0.7	4.8
Others	166	181	43.4	48.6
	383	372	100.0	100.0

The following table shows the death rate per 1,000 population from this disease for the last five years.

Cancer of the Lung and Bronchus

Year	Death rate per 1,000 Population
1966	0.50
1967	0.59
1968	0.59
1969	0.60
1970	0.68
1971	0.54

Deaths from diseases' of the respiratory system excluding Cancer of the Lung.

The following table gives the number of deaths in age groups from diseases of the respiratory system in men and women during the year. The number of deaths of West Bromwich residents from pulmonary tuberculosis was 6 giving a pulmonary tuberculosis death rate of 0.03 per 1,000 population which compares with 0.05 for 1970.

	Respiratory Tuberculosis		Influenza		Pneumonia		Bronchitis		Other Diseases Respiratory System		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	1	—	—	3	1	3	2
1 — 4 years	—	—	—	—	—	1	—	—	2	—	2	1
5 — 14 years	—	—	—	—	1	1	—	—	—	—	1	1
15 — 24 years	—	—	—	—	1	—	—	—	—	—	1	—
25 — 34 years	—	—	—	—	—	—	—	—	—	—	—	—
35 — 44 years	—	—	—	—	—	—	1	—	1	—	2	—
45 — 54 years	—	—	1	—	5	4	6	3	2	2	14	9
55 — 64 years	2	—	—	—	7	6	21	4	1	—	31	10
65 — 74 years	3	—	1	—	11	14	34	8	5	1	54	23
75 years & over	1	—	1	—	37	48	26	17	2	4	67	69
Totals	6	—	3	—	62	75	88	32	16	8	175	115

Certain Causes of Death

It is obvious that cancer of the lung, cancer of the breast, cancer of the stomach, coronary thrombosis and bronchitis between them are responsible for many of the deaths. The latest provisional figures for England and Wales and for West Bromwich, given as rates per thousand population, are as follows :—

	England & Wales	West Bromwich
Cancer of the Lung	0.62	0.53
Cancer of the Breast	0.23	0.21
Cancer of the Stomach	0.25	0.28
Coronary Disease	2.90	2.26
Bronchitis	0.50	0.72

Attention is drawn to the high death rate from Bronchitis in comparison with the National figures. In comparing these rates, attention should be drawn to the size of England and Wales, compared with the County Borough of West Bromwich and to the difference that the operation of chance can make.

Infant Mortality

A total of 53 infants whose parents were normally resident in the Borough died during the year. This gives an infant mortality rate per 1,000 live births of 19.0. The equivalent rate for England and Wales is 18.00. Two illegitimate babies died. Of the total of 53 deaths 13 occurred in babies of Asiatic, African or West Indian parents.

The following table shows the infant deaths in age groups over the period of the last ten years :

Infant Deaths

Year	Under 1 Month	1 — 3 Months	3 — 6 Months	6 — 9 Months	9 — 12 Months	Total	Infant death rate per 1,000 live births
1961	38	5	4	1	1	49	27
1962	27	9	8	2	1	47	25
1963	29	6	5	2	3	45	24
1964	22	5	6	2	1	36	19
1965	20	6	5	3	—	34	19
1966	35	7	8	5	2	57	18.1
1967	45	6	7	3	2	63	20.0
1968	34	7	8	4	2	55	17.8
1969	28	16	10	5	—	59	20.0
1970	42	10	7	—	2	61	22.0
1971	33	4	9	3	4	53	19.0

This is a high infant mortality rate compared with 18.0 for England and Wales.

The following table shows the infant deaths from certain causes during the year :—

Causes of Death	Under 1Month	1 – 3 Months	3 – 6 Months	6 – 9 Months	9 – 12 Months	Total Under 12 Months
Enteritis & other Diarrhoeal Diseases	—	—	—	1	1	2
Other Malignant Neoplasms	—	—	—	—	—	—
Benign & Unsuspected Neoplasms	—	—	—	—	—	—
Meningitis	—	—	—	—	—	—
Pneumonia	—	—	—	1	—	1
Other Diseases of Respiratory System	1	1	2	—	—	4
Other Diseases of Digestive System	—	—	1	—	—	1
Congenital Anomalies	6	2	2	—	—	10
Birth Injury, Difficult Labour, etc.	14	—	—	—	—	14
Other Causes of Perinatal Mortality	11	—	—	—	—	11
Symptoms and Ill Defined conditions	1	1	2	1	1	6
All other Accidents	—	—	1	—	1	2
Avitaminoses	—	—	—	—	1	1
Cerebrovascular Disease	—	—	1	—	—	1
Totals	33	4	9	3	4	53

Deaths Under Four Weeks of Age

There were 33 deaths of infants under 4 weeks, giving a neonatal mortality rate of 11.6 per 1,000 live births compared with 15.0 in 1970.

The following table shows the age at which death occurred during the period of the first month.

1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	1—2 wks	2—3 wks	3 —4 wks	Deaths Under 1 Month
21	7	1	—	—	—	—	2	1	1	33

Perinatal Mortality

The statistical device of a perinatal mortality rate is aimed at taking into account deaths occurring just before and just after the process of birth in an endeavour to give a total idea of the loss of infant life at about the time of birth. Expressed statistically, it is as follows :—

$$\frac{\text{(Deaths in the first week of life + stillbirths)} \times 1,000}{\text{Total births (Both live and still)}}$$

The figure for West Bromwich this year is 25.6 compared with 26.8 in 1970. In view of the small number of children involved, infant mortality rates are unreliable and the perinatal death rate may give a better idea of the total wastage of infant life. The figure for England and Wales is 22.0.

To provide a comparison of the various rates involved in the consideration of perinatal mortality the following table gives information for each of the last five years.

Year	Infant Mortality Rate	Neonatal Mortality Rate	Stillbirth Rate	Perinatal Mortality Rate
1971	19.0	11.6	15.6	25.6
1970	22.0	15.0	15.5	26.8
1969	20.0	9.4	18.0	27.0
1968	17.8	11.0	16.0	26.2
1967	20.0	11.9	16.0	28.0
1966	18.1	11.1	19.9	27.2

Maternal Mortality

There were no deaths in pregnancy in 1971.

Suicide

Seven deaths were due to suicide which compares with 6 in 1970
The age groups and sex of the persons concerned, together with the methods employed are shown in the following table :—

DEATHS FROMSUICIDE	AGE GROUP					
	15 – 44 years		45 – 64 years		65 years & over	
	M	F	M	F	M	F
Diconal Poisoning	—	—	—	1	—	—
Barbiturate Poisoning	—	1	—	—	—	—
Hanging	1	—	—	—	1	—
Coal Gas Poisoning	1	—	—	—	—	—
Overdose of Drugs	—	—	—	—	—	—
Asprin Poisoning	—	—	—	—	—	—
Drowning	—	—	1	—	—	—
Car Exhaust Fumes	1	—	—	—	—	—
Totals	3	1	1	1	1	—

Motor Vehicle Accidents

Seventeen deaths were due to road accidents compared with 29 in 1970. The following table shows the age groups,sex, and types of accident:—

TYPES OF ACCIDENT	AGE GROUP							
	0 — 14 years		15 — 44 years		45 — 64 years		65 Years & over	
	M	F	M	F	M	F	M	F
Pedestrian Struck by Car/Van	2	1	—	1	1	—	2	1
Cycle/Car	—	—	—	—	1	—	—	—
Scooter Rider/Collided with Car	—	—	—	—	—	—	—	—
Passenger in Car which Mounted Pavement	—	—	1	—	—	—	—	—
Motor Cyclist/collided with Tanker	—	—	—	—	—	—	—	—
Pillion Passenger	—	—	—	1	—	—	—	—
Motor Cyclist/collided with Car	—	—	—	—	1	—	—	—
Car/Articulated Lorry collided	—	—	—	—	—	—	—	—
Pedestrian collided with Lorry	—	—	—	—	—	—	1	—
Car/Lorry collided	—	—	1	—	—	—	—	—
Car collided with Car	—	—	1	—	—	—	1	—
Collapsed in path of Car	—	—	—	—	—	—	—	—
Totals	2	1	3	2	3	1	4	1

A further 43 deaths have been classified by the Register General as due to accident, 11 of which are known to have occurred in the home. Brief details are given in the following table :—

DEATHS AT HOME	AGE GROUPS							
	0 — 14 years		15 — 44 years		45 — 64 years		65 Years & over	
	M	F	M	F	M	F	M	F
House Fire	—	—	—	—	—	—	—	1
Smoking in bed	—	—	—	—	—	—	—	—
Fall Downstairs	—	—	1	—	1	—	—	1
Fall at Home	—	—	—	—	—	—	1	2
Fire at home — Cause of Fire not known	2	1	—	—	—	—	1	—
Totals	2	1	1	—	1	—	2	4

PART 11
LOCAL HEALTH SERVICE

Health Centres
Care of Mothers and Young Children
Midwifery
Health Visiting
Home Nursing
Vaccination and Immunisation
Ambulance
Care and After Care
Chiropody
Home Help
Cervical Cytology

HEALTH CENTRES

The Health Centre at Birch Street, Tipton, was completed and brought into use during the year. This takes the form of the addition of a wing to the Birch Street Clinic to provide for four general practitioners (with about 14,000 patients), the attached Local Authority nursing staff and offices for use by social workers.

This wing, together with the clinic, forms the centre and the opportunity was also taken to include facilities for the Borough Treasury to house a cashier to receive the payment of rent and rates from the public in the area.

It is interesting to note that the clerical staff (and ultimately the nursing assistance in the centre) come from staff employed by the Corporation, although much of their work is involved with the general practice, who of course pay a charge for such services.

I am very pleased to report that there was a most happy association with the four general practitioners in all the planning, commission, appointment of staff and subsequent operation of this centre. This is due very largely to the determination of these doctors to make co-operation work effectively and to their enthusiasm at all stages of the project.

Two other centres were in planning, one at Wednesbury of a fairly small size involving four doctors and the Local Authority domiciliary staff association with the practice, but not involving Local Authority clinic services; and a major one for the centre of West Bromwich with six doctors, school clinic, Local Authority clinic services, school dental service, general dental services and associated and attached staff.

Administratively, a new health centre represents a most difficult project, for many people, all independent, have each to agree on the many details.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics

The Authority ran weekly ante-natal clinics, at which post natal examinations may be carried out, at the following centres :—

West Bromwich	—	Boulton Road
	—	Friar Park
	—	Hamstead
	—	Highfields
	—	Hill Top
	—	Hill Lane
	—	Stone Cross
Walsall	—	Yew Tree
Tipton	—	Birch Street
	—	Central, Horseley Road
Wednesbury	—	Mesty Croft

The clinics were staffed by nurses from the local authority and medical officers from the hospital service. There was an average of 42 sessions per month held during the year with an average attendance of 5 patients per session.

This does not represent the extent of ante-natal care given. General practitioners are invariably booked to give ante-natal care and with midwives attending ante-natal clinics in their surgeries, the greater proportion of women likely to be confined at home receive ante-natal care through such general practitioner clinics.

Attendances

	1968	1969	1970	1971
New Bookings	1,248	1,180	766	435
Return Visits	5,253	4,571	3,100	1,776

The following table shows the number of mothers attending and attendances made for Mothercraft teaching and relaxation exercises during 1971 :—

Attendances for Mothercraft and Relaxation Exercises

Centre	Institutional Booked	Domiciliary Booked	Persons Attending	Attendances
Hill Top & Highfields	20	15	35	156
Boulton Road	25	8	33	202
Hamstead	29	19	48	184
Hill Lane	35	12	47	204
Yew Tree & Stone Cross	25	10	35	214
Hallam Hospital*	77	—	77	465
Birch Street *	49	8	57	207
Mesty Croft	39	2	41	188
Totals	299	74	373	1820

*Mothercraft Only

INFANT WELFARE CENTRES

The following table gives details of the places, days, total sessions and attendances at the centres :—

Place	Day	Total Sessions During the Year	Total Attend- ances During the Year
Boulton Road	Tuesday	48	3435
	Thursday	52	
Friar Park	Wednesday	52	1941
Greets Green	Wednesday	52	1171
Hamstead	Wednesday	52	3106
	Friday	51	
Highfields	Monday	48	3708
	Thursday	52	
Hill Top	Monday	48	2139
	Thursday	52	
Hill Lane	Monday	48	3120
	Tuesday	48	
Stone Cross	Tuesday	48	2584
St. Mary's Hall, Charlemont Farm	Friday	51	768
Yew Tree	Wednesday	52	3330
	Friday	51	
Birch Street	Monday	48	6312
	Tuesday	48	
	Thursday	52	
Central, Tipton	Monday	48	2627
	Thursday	52	
Burnt Tree	Wednesdays (Alternate)	26	1282
Ocker Hill	Tuesday	48	5496
	Wednesday	52	
Mesty Croft Wednesbury	Monday	48	6931
	Wednesday	52	
	Friday	51	
Albert Street Wednesbury	Tuesday	48	4364
	Thursday	52	
Chapel Lane	Thursday	52	1264
Totals		1482	53578

Each centre was staffed by health visitors and nurses and a medical officer employed by the authority, and valuable assistance was given at some clinics by voluntary workers.

Vaccinations against poliomyelitis, together with triple immunisation against diphtheria, whooping cough and tetanus were carried out at the centres.

Further details of the numbers of children attending the centres are given below:—

	First Attendances			Subsequent Attendances		
	1969	1970	1971	1969	1970	1971
Children between 0—1 year	3,073	2,724	2,923	32,037	31,127	31,702
Children between 1—2 years	84	74	78	10,026	9,466	9,171
Children between 2—5 years	182	173	190	10,125	10,414	9,514

Baby Food

There was a central distribution centre open during office hours each day for the distribution of baby food, orange juice and cod liver oil, and supplies were also available at all infant centres in the borough.

The following quantities were issued to beneficiaries :—

	1969	1970	1971
National Dried Milk	796 tins free	734	628
	2,703 tins at 11½p	2,213	347
	4,683 tins at 20p	3,640	4543
Total	8,182	6,587	5,518
Orange Juice	31,644 bottles at 7½p	32,824	31,069
	2,459	2,616	3,384
Total	34,103	35,440	34,453

	1969	1970	1971
Cod Liver Oil	1,635 bottles at 5p	1,585	1,083
	796 Free	846	330
	<hr/>	<hr/>	<hr/>
Total	2,431	2,431	1,413
	<hr/>	<hr/>	<hr/>
Vitamin Tablets	1,299 packets at 2½p	1,355	1,112
	71 Free	57	123
	<hr/>	<hr/>	<hr/>
Total	1,370	1,412	1,235
	<hr/>	<hr/>	<hr/>
Vitamin Drops — (Introduced 4th April, 1971 replacing Cod Liver Oil and Orange Juice) —			
	bottles at 5p	2,162	
	free	900	
		<hr/>	
		3,062	
		<hr/>	

Free issues are made on production of vouchers obtained through the Ministry of Social Security.

Issued of National Dried Milk at 11½p were made on the production of welfare food vouchers obtained from the Ministry of Social Security.

A total of 89,518 items of various proprietary foods was sold giving an income of £14,358. The price in each case was the cost to the Corporation plus 10%, and usually was less than the normal retail price, and 172 cartons were issued free of charge.

MATERNITY AND CHILD WELFARE DENTAL SERVICE 1971

I am indebted to Mr. J. B. C. Cuzner, the Principal Dental Officer for the following report.

“Any real differences between the year 1971 and the preceding year are due to changes in demand.

In the last two years the percentage of pre-school children needing treatment has remained very steady at 63.5% for 1970 and 63% for

1971. The corresponding figures for school children in this town are 57% and 58% for the same two years. The figures for the mothers, at first sight, look very depressing, for both 1970 and 1971 97% of the mothers examined needed treatment. The picture is not really quite so bad since very many mothers visit their own dentist regularly, and we should encourage this. As has been said in reports for previous years the only mothers we see, generally speaking, are those with neglected teeth who come to us merely to be relieved of pain and who do not care for their teeth properly. This means that almost all of the mothers seen in our clinics really do need treatment. A survey over the town as a whole would reveal a much happier state of affairs.

Again the shortage of dentists must be mentioned. Until this shows a permanent improvement, and the word permanent must be stressed, there is little hope of our being able to expand this service. If we are unable to offer a flourishing and expanding service then the demand for the service does not grow”.

The following table shows forms of treatment given and the number of mothers and young children provided with dental care during 1970.

	Children 0-4 (incl.)		Expectant & Nursing Mothers	
	1970	1971	1970	1971
Attendances and Treatment				
First Visits	258	208	76	62
Subsequent Visits	79	90	112	113
Total	337	298	188	175
No. of additional courses of treatment other than the first course commenced during year	2		2	4
Treatments provided during the year :—				
No. of fillings	157	158	57	45
Teeth filled	143	148	54	40
Teeth extracted	580	397	176	193
General Anaesthetics given	218	158	29	30
Emergency visits by patients	204	140	19	29
Patients X-rayed	7	1	2	2
Patients treated by scaling and/or removal of stains	1	7	30	14
Teeth otherwise conserved	1	12	—	—
Teeth root filled	—	—	—	—

	Children 0-4 (incl.)		Expectant & Nursing Mothers	
	1970	1971	1970	1971
Treatments provided during the year continued :—				
Inlays	—	—	—	—
Crowns	—	—	1	1
Number of Courses of Treatment completed during the year	79	107	39	38
Inspections — No. of patients given first inspections during year	486	325	58	57
No. of patients who required treatment	309	204	56	55
No. of patients who were offered treatment	305	203	54	55
Prosthetics — Patients supplied with F.U. or F.L. (1st time)	6	8	—	—
Patients supplied with other dentures	7	10		
Number of dentures supplied	18	24		
Anaesthetics — General Anaesthetics administered by Dental Officers	—	—		
Sessions — No. of Dental Officers Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients				
	For Treatment		51.6	42.4
	For Health Education		0.4	—

Babies born with Congenital Defects

Cases of congenital malformations noted at birth have continued to be reported midwives on birth notification cards which have been suitably printed to accommodate the additional information. The appropriate returns have been made to the officer of Population & Census Surveys.

During the year 54 babies were notified and all the returns were scrutinised by a medical officer of the department. If necessary the babies were visited. After the doctors' investigations, 8 babies were not considered to be malformed, leaving a total in the year of 46, five of which were stillborn.

The babies mentioned in the previous paragraph who were born with congenital abnormalities were all entered on the "At Risk Register",

which also contains the names of all babies who on account of family history, illness of the mother during pregnancy, of difficult birth, are considered to be in danger of developing handicapping conditions.

These children are followed-up at regular intervals so that any abnormalities of development can be investigated at the earliest opportunity, and arrangements made for the appropriate treatment to be obtained or for special schooling or training to be given.

Care of Unmarried Mothers

A total of 204 illegitimate births (198 live and 6 still) during 1971, representing 7.8 of the total births, was recorded in respect of women normally resident in the borough.

Care of unmarried mothers is now the function of the Social Services Committee through their Director of Social Services.

Family Planning

The West Bromwich Family Planning Association act as agents of the Council in the discharge of their duties under the National Health Service (Family Planning) Act, 1967, providing on behalf of the Council free advice and examination for women seeking contraceptive help.

In addition however, as an independent organisation, they provide a vasectomy clinic, particulars of which are included in the following report prepared by the Secretary of the Association :—

“At Control House, Shaftesbury Street, weekly sessions are held on Monday afternoons and evenings, Wednesday mornings and afternoons, Thursday mornings and Friday evenings.

During 1971 we held 283 clinic sessions (497 doctor sessions) and of the 1088 new patients registered, again nearly half came through personal recommendations. Only 128 were referred by their family doctor and most of the remainder, on interview, stated that they were aware of the existence of family planning clinics through various channels of publicity and information put out by the Family Planning Association. The largest age group was between 20–24 years and the smallest between 30–34 years. A total of 514 patients had no children, 277 had one or two children and 165 had three or more children. Of 1420 cytological smears taken none were positive.

In accordance with the National Health Service (Family Planning) Act 1967, the only charge made to registered F.P.A. patients living in the West Bromwich area, other than for supplies, is £1.00 for a pregnancy test.

The cervical smear tests and pregnancy tests are available to non-F.P.A. patients for a charge of £1.50 and £2.00 respectively.

The Vasectomy Clinic based in Control House, West Bromwich, has not yet been included in this report as it was felt that the service covered a much wider area than West Bromwich, However, it would now seem, from the interest shown, that there would be some merit in including statistics from this service.

The surgical unit was installed in Control House at the beginning of 1970 and the first operation performed on the 19th February, 1970. Since that date, up to and including March 1972, 1715 operations have been performed. A continued demand steadily increased our sessions and by September 1971, 18 operations per week were being performed by a Consultant Surgeon. Three counselling doctors interview 25 couples each week. The demand remains steady at the moment and it is obvious that vasectomy is now an accepted method of birth control.

At Horseley Road, Tipton, a weekly session is held on Tuesday mornings. During 1971 there were 48 clinic sessions and of the 171 new patients registered half came through personal recommendation and half in response to publicity and information put out by the Family Planning Association. The largest age groups were between 20–24 years and 25–29 years. Thirteen patients had no children, 75 had one or two children and 52 had three or more children. Of 71 cytological smears taken none was positive.

There was no domiciliary Family Planning service operating in 1971.

Ultra Violet Light Clinic

Ultra violet light clinics were discontinued in August 1969.

Day Nurseries, Child Minders and Play Groups

Responsibility for Day Nurseries, Child Minders & Playgroups was passed to the Director of Social Services on the 1st January 1971.

MIDWIFERY

Staff

A chief nursing officer is employed. The staff concerned solely with midwifery was as follows :—

1	Supervisor of Midwives			
20	Full-time Midwives			
3	Three-quarter time Midwives			
	Full time equivalent	...	...	... 23¼.

There were two resignations from the service during the year, 1 full-time midwife and one half-time equivalent. An appointment was made to fill the full-time vacancy but it was not considered necessary to replace the half-time equivalent midwife.

Four midwives were on maternity leave at intervals throughout the year, and this period of leave involved a total of eighteen weeks per midwife.

Staff Working Arrangements

A forty two hour working week is operated on a straight shift system. Four shifts occur over a twenty four hour period. A scheme is in hand to introduce a forty hour working week from January 1st, 1972.

Calls for the domiciliary midwifery service after office hours are accepted at Ambulance headquarters and then passed on to the midwives on call. A current roster of midwives on duty is sent to Station Headquarters weekly. There are five radio sets available for use by the domiciliary midwives, this system of communication being controlled by Ambulance Service personnel.

Maternity bookings for domiciliary confinements are issued with written instructions on where to contact a midwife when necessary.

No insuperable difficulties have arisen through the foregoing arrangements.

Statutory Notifications of Intentions to Practice

The number of midwives who notified their intentions to practice to the Local Supervising Authority of the County Borough

of West Bromwich during 1971 were as follows :—

Domiciliary Midwives	25
Hallam Hospital	27
Portland House 13 (General Practitioner Unit)	

There were no midwives in private practice within the County Borough during 1971.

Ante-natal Clinics

Eleven sessions were held weekly in different areas. Nine of these clinics were conducted as midwives clinics.

A Senior obstetric registrar from Hallam Hospital attended Stone Cross ante-natal clinic weekly. Mr. Usher Somers (Consultant Obstetrician) from Hallam Hospital attended at Highfields Clinical Sessions, until his resignation from the maternity service early in the year and this session has since continued to operate as a midwives ante-natal clinic.

A health visitor was also available at all ante-natal clinics to advise on medico-social matters.

The number of expectant mothers attending these clinics has continued to fall during the year consequently the duration of these clinical sessions is approximately one hour. Patients visit clinics for other reasons, e.g. bookings for home confinements, collecting maternity packs, blood tests, etc.

Twenty two general practitioners ante-natal surgery sessions operated weekly within the County Borough each with a domiciliary midwife assisting. The existence of these clinics indicates the chief reason for a reduction in the number of expectant mothers attending Local Authority Ante-Natal Clinics. This pattern of shared maternity care of the expectant mother by her doctor and midwife gives a more comprehensive service to the patient and provides opportunities for direct communication between doctor and midwife on this specialised aspect of the work.

Domiciliary Confinements

The number of home confinements were 140 less than the

previous year; though the overall number of bookings for domiciliary confinements was not significantly below 1970 figures. For various reasons many of these home booked cases were referred for hospital confinement at later stages in their pregnancies.

On no occasion was a request for a bed in a consultant or general practitioners unit refused to any patients whether hospital confinement was advisable or otherwise. Although there were no problems in obtaining beds in these units there were still a number of patients confined in their homes, who for medical reasons should have been confined in hospital, but were reluctant to leave their families though they were assured that they would return home after 24 hours to the care of the district midwife if their condition was satisfactory. A large proportion of all patients within the County Borough who were confined during the year, whether in hospital or in their own homes received ante-natal care from the domiciliary midwives, either in the Local Authority Ante-Natal Clinic or at the general practitioners ante-natal clinics as the midwife's statutory responsibilities involve the total maternity care of the patients in co-operation with patients' doctors.

Post Natal Care

Post natal matters including early discharge from midwifery units were all visited by the domiciliary midwives for a minimum of ten days following their confinement, receiving visits twice daily for a minimum of the first three days during this period.

The number of early discharges for this year shows an increase over the previous years as indicated later in this report.

Classes on Teaching in Preparation of Childbirth and Parenthood

Eight of these classes were held each week at selected clinics and were conducted jointly by midwives and health visitors. All expectant mothers from any part of the County Borough may attend these classes. Health education films and other visual aids are used as teaching material.

Teaching District Midwives

There were eight teaching midwives assisting with other agencies in the training of student midwives. These students spend three months during their Part II training period in the domiciliary field gaining knowledge of all aspects of community care with specialised experience in the management of home confinements. Eleven students were coached during the year and all were successful at their final examination of the central midwives board.

The student midwives are normally resident in Hallam Hospital but in certain cases may reside in their own homes if these are conveniently situated.

Post Registration Studies

Five midwives attended statutory courses during the year, three attended a five day course on Teaching in Preparation for Childbirth and Parenthood and two midwives attended a Practical Work Instructors Course at Brierley Lane Nurse Training Centre. A number of other study days were organised by hospitals within the conurbation at which a limited number of midwives attended. The midwives also attended meetings of their professional organisations where professional lectures and talks were given by medical staff from the hospitals. Doctor Carter, Consultant Pathologist, Hollymoor Hospital, Northfield, Birmingham invited the domiciliary midwives to visit the laboratory there and see how testing for phenylketonuria was carried out. These visits proved very interesting for the staff.

Screening for the Early Detection of Phenylketonuria

The use of the Guthrie test to detect this abnormality in the new-born continues to operate. Blood samples are taken from the baby's heel on or soon after the 6th day of the baby's life — with parental permission — and sent to a regional laboratory at Hollymoor Hospital.

The hospital and domiciliary midwives are responsible for carrying out this task. Repeat tests are done by the Health Visitor. No unsurmountable difficulties have arisen in the carrying out of this procedure.

Midwifery Statistics of West Bromwich Residents

	Domiciliary Confinements	Hospitals Confinements	% At Home
1967	935	2227	29.5
1968	877	2248	28.0
1969	715	2309	23.8
1970	617	2231	21.5
1971	478	2385	16.6

Cases of potential difficulties confined at home :

	Primigravida of 30 years of age	Multipara over 40 years of age	Woman in fourth or subsequent pregnancy	Total No. of Women	% of cases confined at home
1967	6	5	122	133	14.2
1968	9	8	156	173	19.4
1969	3	—	94	97	13.5
1970	1	3	89	93	15.7
1971	2	4	56	62	12.9

Early Discharges

	Up to 2nd day	3rd to 5th day	6th to 10th day	Totals
1967	270	253	1324	1857
1968	340	292	1624	2256
1969	405	555	1296	2256
1970	342	778	1127	2247
1971	381	876	977	2234

Number of Ante-natal Visits

1968	—	6073	1970	—	4866
1969	—	5179	1971	—	4161

Number of Post-natal Visits

1968	—	22284	1970	—	22162
1969	—	22292	1971	—	21577

HEALTH VISITORS

Staff

At the end of 1971 the staff consisted of :—

- 1 Chief Nursing Officer
- 1 Deputy Chief Nursing Officer
- 17 Health Visitors
- 1 Student Health Visitor
- 9 Full-time School Nurses
- 7 Part-time School Nurse
- 2 Hygiene Assistants
- 1 T.B. Visitor

During the year three health visitors left the Borough, one to work for another Authority further afield, one to follow vocational work within a convent and the other to prepare for her first confinement. One of these vacancies was filled by a student health visitor, who successfully completed the Course and another by a former health visitor trained earlier within the Borough, which left one not replaced by the end of the year.

The present number of qualified health visitors is still below the full establishment of 29 and the school nurses continue to assist wherever possible.

Working Arrangements

Since attachment to G.P. surgeries there is little doubt that communication between the services has greatly improved and a considerable amount of work has been delegated to the health visiting staff. Thus they have the opportunity to work to the highest level of their skill.

A significant feature of successful attachment schemes has been the way in which nurses have identified themselves with and developed a loyalty to the practice. Evidence of this has been apparent since the latest attachment of home nurses.

The field centres still exist at the moment and a good relationship with other social agencies has been retained.

Clinics

All clinics within the Local Authority continue to be managed by health visitors with assistance from school nurses, i.e., Child Health Clinics, Ante-natal Clinics, Cervical Clinics, Relaxation and Mother Craft Clinics.

One Relaxation and Mother Craft Class in Hallam Hospital has operated for several years and is still conducted by one of the Senior Health Visitors.

There is an increasing number of well baby clinics held in general practitioners' surgeries conducted by health visitors.

The Elderly

The Chief Nursing Officer continues to visit cases at home with the Consultant Physician, assessing the elderly and deciding on hospital admission, care at home, or admission to one of the homes within the Borough.

Paediatrics

One senior health visitor attends two consultant clinic sessions regularly each week maintaining a valuable relationship with the hospital and Local Authority services.

A senior health visitor attends two diabetic clinics now, regularly helping with problems and diet, keeping other nursing staff in touch with changes and recent advances regarding treatment of diabetic patients.

Screening

Tests for deafness continue to be given to infants from 6 months onwards. All babies and toddlers thought by the health visitor to be at risk or handicapped are entered into a special register and visited at regular intervals.

Health Education

Health Education is under the care and direction of a Senior Health Visitor.

Health Education talks were presented throughout the year and subjects covered a broad spectrum of topics through a variety of ways, special courses in Child Care are being given in senior schools with an examination at the end of the Course.

The Chief Nursing Officer has lectured to and examined members of the British Red Cross Society and other associations.

Illustrated talks have been given to various clubs and organisations by the Chief and Deputy Chief Nursing Officers, health visitors and school nurses;

Films and talks using display material have been presented in Child Health Clinics and Ante-natal clinics and also at five of the senior schools.

Over the year a total of 39 films have been shown and 49 talks given.

Posters and leaflets continue to be issued from the clinics on varying subjects relating to health.

Training

Practical instruction has been given to student health visitors, pupil midwives, student district nurses and student nurses training in hospital.

The Birmingham Regional Hospital Board has arranged lectures for all nursing staff at the Queen Elizabeth Hospital, Hallam Hospital and the Royal Hospital, Wolverhampton.

Two health visitors attended a Psychiatric Course at Birmingham University.

Attendance was made by a senior health visitor at a first line management course.

Two school nurses attended a special course arranged by the Midlands Post Registration Nurse Training School.

Four health visitors attended a post-graduate course in Shrewsbury and three health visitors attended refresher courses organised by the Health Visitors Association.

One student health visitor was sponsored by the Local Authority to commence training at the Birmingham College of Commerce and Technology. The student of the previous year was successful in gaining the Health Visitor's Certificate.

Guthrie Tests

Guthrie tests are done for babies up to the tenth day by Midwives, and after the tenth day by Health Visitors.

A total of 2,706 tests were carried out during 1971, plus 7 Scriver and 19 Amino Acid tests, usually babies born in Birmingham hospitals, making a total of 2,732 tests.

Home Visits :

Health Visitors work in clinics and General Practitioners' Surgeries and visit the homes, and School nurses work in schools and clinics:—

Analysis of Home Visits	1967	1968	1969	1970	1971
First Visit to births	3,067	2,959	2,984	2,863	2,836
Re-visits to children under 12 months	7,050	6,851	8,066	6,430	5,960
Re-visits to children 1—5 years	16,126	15,247	17,984	14,430	12,070
Visits to cases of infectious diseases	110	127	160	186	111
Visits to expectant mothers	482	400	470	359	204
Other Visits (Including Tuberculosis)	4,404	3,665	3,284	4,632	5,982
B.C.G. Vaccinations	67	21	17	16	9
Totals	31,306	29,270	32,965	28,916	27,172

During 1971 a total of 4,078 visits that were made were fruitless because there was nobody at home. Visits by appointment are

difficult to arrange because of the fluctuating calls for the Health Visitors.

At the end of December the Health Visitors' case load of children under the age of five years was 14,259.

The average case load per Health Visitor of children under five was 838 and 20,866 home visits were made by the Health Visitors. There is 1 tuberculosis visitor (S.R.N. who has experience of tuberculosis nursing) to deal with the visiting to tuberculosis patients for care and after-care and tracing contacts, which was previously done by individual Health Visitors.

HOME NURSING

Staff

The staff consisted of a Chief Nursing Officer, a Supervisor of District Nurses (who is also Deputy Chief Nursing Officer) 24 District Nurses (2 men and 22 women).

Of the 24 nurses, 21 are State Registered and 3 are State Enrolled. A total of 23 of these are district trained.

Working Arrangements

The District Nurses are supervised by the Supervisor of District Nurses jointly with the health visitors.

The work continues to come through requests from General Practitioners and hospitals following discharge of the patient.

All Home Nursing Staff are now attached to general practitioners and find they have achieved far greater job satisfaction, although work pressures and travelling have increased considerably. They are now able to make full use of their training.

Good contact has been maintained to ensure maximum treatment in cases of patients outside the hospital, and most important of all is the economical and efficient use made of nursing staff and facilities available.

As in previous years incontinent pads are distributed through the District Nurses.

A small number is maintained for distribution to patients not attended by a district nurse but referred by the General Practitioner.

Training

Two more practical work instructors were trained in preparation for assistance in the future training of student nurses from the local hospitals in conjunction with the 1969 Syllabus.

The practical work instructors have assisted with the work undertaken by the Post Registration Nurse Training School arranged between the Five County Boroughs. The training of the district nurses

continued throughout the year. One nurse within the Authority was successful in gaining the National Certificate for District Nurses.

Much valuable work continues to be done regarding the rehabilitation of the elderly recovering from strokes by endeavouring to keep them mobile in their own homes.

Cases Nursed

Year	Average Number of Nurses Employed	Number of New Cases	Total Number of visits
1962	12	772	30,169
1963	13	782	30,957
1964	13	708	31,890
1965	13	726	36,155
1966	23	1,213	60,392
1967	24	1,227	65,742
1968	24	1,327	63,971
1969	24	1,375	74,539
1970	24	1,490	76,878
1971	24	1,793	76,639

One Thousand seven hundred and ninety three cases were referred for home care during 1971 :—

1244 by General Practitioners
546 by Hospitals
3 by the Chest Clinic

No cases were transferred from Other areas during the year.

	No. of patients being nursed at the beginning of month	New Cases	No. of patients being nursed at the end of month	Nursing Visits
January	590	143	598	6396
February	598	136	572	5859
March	572	156	531	6169
April	531	133	570	6255
May	570	128	573	6298
June	573	155	583	6578
July	583	167	616	6385
August	616	131	611	6123
September	611	182	649	6247
October	649	150	653	6404
November	653	153	682	6729
December	682	159	638	7196

VACCINATION AND IMMUNISATION

The recommended timetable for immunisation and vaccination of infants was as follows :—

- 6 months of age — Triple antigen and one dose of oral Polio vaccine
- 8 months of age — -ditto-
- 13 months of age — Measles Vaccination
- 14 months of age — Triple Antigen and one dose of Oral Polio vaccine
- 5 years or at entry to school — Diphtheria and Tetanus combined antigen and one dose of Oral Polio Vaccine.
- 13 years of age — B.C.G. and Rubella Vaccination
- 15 years or on leaving school — One dose Tetanus antigen and one dose of oral Polio Vaccine.

Only disposable syringes are used in the Local Authority Services

Vaccination against Smallpox

Vaccination of infants against smallpox was carried out at the infant welfare centres and by general practitioners. The number of primary vaccinations in children under five years of age is shown in the following table :—

Age at Date of Vaccination	Under 1 year	1 year	2 – 4 years	5 – 14 years	Total
Number Vaccinated (Primary)	6	378	199	54	628
Number re Re-Vaccinated	—	1	7	23	31

A total of 176 persons over 15 years of age was vaccinated or re-vaccinated. The following table shows the acceptance for children under the age of five years compared with the estimated population in that age group :—

Year	Number Vaccinated	Estimated Population
1971	574	14,300
1970	987	14,300
1969	1,111	14,080
1968	1,481	14,080
1967	1,305	14,080
1966	1,393	8,000
1965	678	8,000
1964	677	8,000
1963	330	8,000
1962	1,968	8,000

The high figure for 1962 was due to the occurrence of a case of smallpox in the town and a number of cases elsewhere in the country, and the increase in 1966 was due to the need of evidence of recent vaccination for intending travellers abroad. This need arose because of a few mild cases of smallpox in England.

On and from 1st September 1970, the routine vaccination of children was discontinued and since that date parents desiring Smallpox Vaccination are advised to contact their General Practitioner.

Immunisation against Diphtheria, Whooping Cough and Tetanus.

Protection against diphtheria, whooping cough and tetanus is freely available to all children at the local authority clinics and from family doctors.

A total of 1925 infants were given protection against diphtheria during the year and a total of 1,358 reinforcement injections were given to school children. The corresponding figures for 1970 were 1833 and 1626 respectively.

Vaccination against Poliomyelitis

The following table shows the number of persons who were vaccinated against poliomyelitis during the year :—

Born	No. of persons who have received third dose of oral vaccine
1971	31
1970	891
1969	757
1968	109
1964/67	189
Others Under age 16	43
Totals	2,020

The number of persons given a reinforcing dose or oral vaccine after primary immunisation with Salk or oral vaccine was 2,429.

The foregoing immunisation figures show no great improvement but with a staff of health visitors well below establishment further improvement will be difficult to achieve. The usual methods of publicity have been used, but individual visits are necessary to persuade some parents.

Vaccination Against Measles

Two thousand and seventy-three children were vaccinated against Measles, as follows :—

Born	1971	1970	1969	1968	1964/67	Others Under 16
	13	842	479	357	357	25

Vaccination Against Rubella

Nineteen hundred and eighty school children aged 11 —13 years were vaccinated against Rubella.

VACCINATION AND IMMUNISATION OF CHILDREN

The following table shows the percentage of children vaccinated at the 31st December 1971, who were born in the year 1969 with the equivalent national figures :—

	Whooping	Diphtheria	Poliomyelitis
West Bromwich Born 1968	47 %	57 %	57 %
England and Wales Born 1968	78 %	80 %	80 %

B.C.G. VACCINATION

B.C.G. Vaccination continued to be offered to children attaining the age of 13 years, and was also offered again to children aged 15 years who had not received it previously.

Vaccination was, therefore, offered to a total of 1,999 children and of these 1,612 accepted (80.6%). Vaccination was found to be un-necessary in the case of 74 of these, because records showed they had been vaccinated previously, or had previous positive skin tests, indicating that they were already tuberculin positive and are not in need of B.C.G. vaccination.

Of the remainder, a total of 1,444 were given a skin test (Tine Test) to determine whether or not they required vaccination against tuberculosis, and 1,325 were finally vaccinated.

Children who had strongly positive skin tests were given appointments for X-ray of the chest, and as a result one girl aged 15 years, was admitted to hospital for investigation and later notified as a case of tuberculosis.

During the year, 200 babies of Asiatic origin were given B.C.G. vaccination within eight weeks of birth.

Vaccinations at three large schools had to be deferred to 1972, because of shortage of medical staff in 1971, although a considerable amount of preparatory clerical work was done.

AMBULANCE SERVICE

General Arrangements

The system of Control has not changed — Oak Lane No. 1 station operating on a 24 hour basis and the Tipton No. 2 station a 15 hour basis.

The establishment of the service remains unchanged and provides for the following staff :—

	1 Superintendent
	1 Deputy Superintendent
	8 Shift/Leaders
	4 Deputy Shift/Leaders
	36 Driver/Attendants
	2 Clerk/Telephonists
	<hr/>
Total	52

The above figures of 36 Driver/Attendants provides for holiday and sickness cover of 80 hours and an additional 40 hours for training.

Ambulance Superintendent's Office

The Ambulance Superintendent's Office was transferred from Oak Lane No. 1 station to the Tipton No. 2 station during Monday the 25th October, 1971.

Training

All new entrants to the service have now completed the 6 week training course recommended by the department of Health and Social Security. All personnel within the Service have been assessed by this Authority as competent over the whole range of operational duties.

Fortnightly refresher M. of H. courses were commenced on the 22nd November, 1971, which in due course will be attended by all personnel.

Vehicles

Ambulance vehicles 14—15 and 32 were repainted WHITE to

conform to the recommendations of the working party on Ambulance Training and Equipment.

New Vehicles

Two new Ambulance vehicles were received and put into service during JUNE, 1971 i.e. — EEA 120J and EEA 126J.

One new sitting case Ambulance vehicle was received and put into service during JULY, 1971 i.e. — EEA 837J.

Old Vehicles

Ambulance vehicle 20 — KBF 981 was taken out of service during FEBRUARY, 1971.

Ambulance vehicle 26 — XBF 668 was taken out of service during JUNE, 1971.

Sitting case Ambulance vehicle 23 — VBF 651 was taken out of service during JUNE, 1971.

Sitting case Ambulance vehicle 24 — VBF 655 was taken out of service during AUGUST, 1971.

Vehicles in Service

Vehicle No.	Make	Placed in Service	Mileage 1971
(14) 514 HEA	B.M.C.	18.7.62	10,618
(15) 815 HEA	..	10.9.62	10,444
(16) 16 KEA	..	23.4.63	13,698
(17) 617 TEA	..	16.11.64	12,310
(18) AEA 618 C	..	22.2.65	10,598
(19) DEA 719 C	..	6.10.65	14,420
(20) EEA 120 J	..	29.6.71	4,377
(26) EEA 126 J	..	29.6.71	1,989
(27) KEA 127 J	..	17.2.67	13,083
(28) KEA 228 E	..	15.6.67	12,883
(29) OEA 529 F	..	21.2.68	13,100
(30) OEA 530 F	..	18.4.68	20,285
(31) SEA 31G	..	11.10.68	15,043

Vehicles in Service - continued

Vehicle No.	Make	Placed in Service	Mileage 1971
(32) SEA 32G	B.M.C.	16.8.68	11,974
(33) XEA 33H	..	6.4.70	18,988
(34) XEA 34 H	..	1.4.70	22,289
(37) EEA 837 J	..	28.7.71	9,926
(89) PEA 235 F	..	25.7.69	22,302
Total			238,277
Other vehicles taken out of service		... ..	22,064
Grand Total			260,341

Work Done in 1971

Patients carried	...	...	64,089
Ambulance Mileage	...	...	148,364
Sitting Car Mileage	...	...	111,977
Total Mileage	...	...	260,341
Number of out-patients	...	...	51,604
Number of accident cases	...	...	3,045
Other cases	...	...	9,440
Total Number of cases	...	...	64,089
Average miles per patient			4 approx
Total number of stretcher cases	...	...	13,627
Total number of sitting cases	...	...	50,462
Total Number of cases	...	...	64,089

Major Accidents

A Scheme provides for immediate nursing and medical help and equipment from hospital within a few minutes and, in conjunction with the police, fire and hospital authorities, for control of the accident, ambulance directions and use of hospital beds.

This scheme covers the conurbation of the County Boroughs of Dudley, Walsall, Warley, West Bromwich and Wolverhampton and the plan is designed to achieve unified action on a unified basis by these authorities and the West Midlands Constabulary.

CARE AND AFTER-CARE

Convalescence

No provision has been made for convalescent Home Care since the 31st March 1968.

PROVISION OF NURSING EQUIPMENT

Loan Equipment

Stocks of nursing equipment for use in patients homes are held at the nurses' centres. These articles are lent on the recommendation of a general practitioner, midwife or district nurse.

The following types of equipment were available for use during the year.

Air rings	Bed wedges
Back rests	Feeding cups
Bed cradles	Head poles and chains
Bed pans	Housechairs
Bedstead (special)	Matresses and covers
Commode chairs	Nocturnal Euresis alarms
Urinals	Ripple beds
Waterproof sheets	Spinal carriages
Walking sticks	Spinal supports
Walking aids	Sputum cups (disposable)
Air beds	Wheelchairs
	Fracture boards

No charge is made for the use of the equipment, but each borrower is required to sign an agreement to return the items loaned within three months and in good condition. The loan period can be extended by signing a further agreement.

INCONTINENCE PAD SERVICE

The Council authorises the free issue of incontinence pads as part of their arrangements for the care of patients in their own homes. Pads are freely available and are issued upon the advice of a doctor or nurse.

These pads have been a normal item of equipment used by the

Home nurses for some years and it has been found that the greater majority of patients in need of the pads are in fact attended by the Home Nursing Service and, therefore, received them in this way . Consequently there has only been a small demand for pads provided separately than through the Nursing Services. Disposal of pads has not presented a special problem. The variety used are composed entirely of paper (some patterns have a waterproof outer covering) and burn in domestic fires of various kinds. In some cases outside incineration is resorted to, and in the modern block of flats provided by the Council electric incinerators are installed.

CHIROPODY SERVICE

The service is provided by the Council for various sections of the community for the following categories, at the following charges :—

	Clinic Treatment	Home Treatment
Aged, Handicapped and Blind persons	15 p	25 p
Expectant Mothers	25 p	37 p

An appointment system is applied. The staff consists of two full-time chiropodists working 20 sessions per week. They are assisted by seven part-time chiropodists who provide 24 sessions per week.

During the past year the demand for chiropody treatment has increased, the patients being seen for regular treatment at eight or ten weekly intervals.

The number of treatments given is as stated :—

Clinic		Domiciliary		Residential Accommodation	
Male	Female	Male	Female	Male	Female
1420	5,777	499	2,706	328	752
Total :			3,205		1,080

The Grand Total of 11,482 Treatments is 577 more than the previous year.

Patients treated — Old age pensioners	2525
Other (Handicapped persons)	38
	<u>2563</u>

The difficulty with this service is that of recruiting an adequate number of Chiropodists.

HOME HELP SERVICE

This service was transferred to the Special Services Department in 1971.

Cervical Cytology

Forty-three sessions for women requesting “smear” tests were held at 2 clinics, Birch Street, Tipton and Stone Cross. The laboratory tests were carried out at Dudley Guest and Hallam Hospitals.

Cervical Cytology	Business Premises	Birch Street	Stone Cross	Totals
Sessions Held :	6	11	26	43
Attendances (by appointment)	79	115	313	507
Number showing abnormal cells suggesting a pre-cancerous condition	1	—	—	1
Cases referred to General practitioners	12	15	61	88
Average attendance per session	12.5	10.4	12.0	11.7
Percentage of cases attending referred to General practitioners	15.1	13.0	19.4	17.3

TRAINING CENTRES

The Crest Senior Training Centre —

This establishment was transferred to Social Services in 1971.

“Glenvale” Junior Training Centre —

This establishment was transferred to the Director of Education in 1971.

PART III
INFECTIOUS DISEASES

' Incidence and Mortality
Tuberculosis
Venereal Disease

INFECTIOUS DISEASES

Incidence

There were 435 cases of notifiable disease (other than tuberculosis) notified or otherwise ascertained during the year.

The following table shows the number of notifications received during each of the last ten years :—

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	3	7	1	25	26	9	31	23	1	10
Acute encephalitis	—	—	—	—	—	—	—	—	—	1
Typhoid Fever	—	—	1	—	—	—	3	2	—	—
Measles	188	807	330	541	436	1088	283	379	947	345
Meningococcal Infection	—	1	2	—	5	—	4	4	4	2
Ophthalmia Neonatorum	1	1	2	3	5	2	1	5	2	—
Poliomyelitis:-										
Paralytic	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	17	14	7	43	64	67	37	25	37	31
Smallpox	1	—	—	—	—	—	—	—	—	—
Whooping Cough	5	147	15	55	89	68	19	8	73	31
Paratyphoid Fever	—	—	—	—	—	—	—	1	—	—
Food Poisoning	—	1	—	1	1	—	17	4	7	—
Infective Jaundice	—	—	—	—	—	—	44	51	41	15

Notifications

The current list of notifiable diseases is :—

Acute encephalitis
Acute Meningitis
Acute Poliomyelitis
Amoebic Dysentery
Anthrax
Bacillary Dysentery
Cholera

Ophthalmia Neonatorum
Paratyphoid Fever
Plague
Relapsing Fever
Scarlet Fever
Smallpox
Tetanus

Notifiable diseases — continued

Diphtheria	Tuberculosis
Infective Jaundice	Typhoid Fever
Leprosy	Typhus
Leptospirosis	Whooping Cough
Malaria	Yellow Fever
Measles	Food Poisoning
	Relaxing Fever

This does not include the requirements for notification of certain industrial diseases to H.M. Inspector of Factories.

Deaths from Notifiable Infectious Diseases

The following table shows the deaths attributed wholly or in part to infectious diseases during the last ten years :—

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Diphtheria	—	—	—	—	—	—	—	—	—	—
Acute infective encephalitis	—	—	—	—	—	—	—	—	—	—
Measles	—	1	—	—	1	1	—	—	—	—
Meningococcal infections	—	1	1	—	1	—	2	3	1	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	1	—	1	—	—	—	—	—
Totals	—	2	2	—	3	1	2	3	1	—

Dysentery

Ten cases of dysentery were notified during the year. The illness was mild in character and there was no general spread of infection.

Measles

A total of 345 cases of measles were notified compared with 947 in the previous year and 379 cases in 1969. There were no deaths in 1971.

Ophthalmia Neonatorum

No cases were notified.

Poliomyelitis

No cases were notified during 1971 and this is the tenth year in succession free from this infection.

Scarlet Fever

Thirty-one cases of scarlet fever were notified during the year. Scarlet fever still continues to be a mild disease and notification is likely to be incomplete. It is one manifestation of a common infection that also causes tonsillitis.

Whooping Cough

A total of 31 cases of whooping cough was notified.

It is most probable that this is a substantial under-estimate of the prevalence of the disease in the Borough as notification is likely to be incomplete.

Smallpox

No cases occurred during 1971.

Infective Jaundice

Fifteen cases were notified during 1971, compared with 41 in 1970. This is a virus infection common in children and there is no doubt that outbreaks in schools are reasonably common.

TUBERCULOSIS

One boy aged 13 years (a pupil at a large secondary school) was admitted to hospital on March 5th, 1971, with tuberculosis of an infectious type. A review of all recent cases in the borough revealed that a girl of the same age with non infectious tuberculosis had previously been admitted. Obviously there was a possibility that infection had spread.

Accordingly all the children in the same age group (at therefore "greater risk") at the school were offered an X-ray of the chest at Heath Lane Hospital, together with teachers and other staff who had been in contact with him. Four parents refused X-ray for their children.

A total of 101 was investigated and 6 further cases found — all non-infectious. These were admitted to hospital where they made good recoveries. They were all children who had sat next to, or in front of the infectious case in class.

There was therefore a spread of infection in the school and accordingly a Mass X-ray Unit was asked to visit. A total of 954 pupils and 79 staff attended; 38 children who were absent were given further appointments and eventually all but three were X-rayed.

As a result, 11 children were referred to Heath Lane Hospital for a repeat large X-ray film. Of these, 2 were admitted to hospital for investigation, 6 were normal, 2 were known old cases of tuberculosis, and one was investigated as an out-patient. One of those admitted was found to be suffering from non-infectious tuberculosis.

It would seem the original cases of infectious tuberculosis may have infected 8 others (all of whom had non-infectious tuberculosis).

Although investigation has been made, the cause of the infection of the original case (which is not attributable to infection at school) remains unknown.

Dr. C.W.D.Cole, Consultant Physician, by arrangement with Birmingham Regional Hospital Board, acts as adviser in respect of Tuberculosis, and I am indebted to him for the following report :—

“The year of 1971 has proved to be a rather disappointing one in as far as the fight against Tuberculosis in the County Borough of West Bromwich is concerned. The facilities offered by the Chest Clinic services have remained much the same as in the previous year. We welcomed the appointment of a new Consultant Physician at the Hallam and District Hospitals, West Bromwich, bringing the total to 3, and thereby increasing the efficiency and cover of the service offered to local patients. Doctor Barrie Smith is particularly interested in diseases of the chest, and his appointment cannot fail to be of benefit to the area. We welcome him, and hope he will be very happy with us. Doctor Margaret Sheldon has resigned her appointment as assistant Chest Physician in the West Bromwich Group of Hospitals, and has not been replaced.

New Notifications

In 1971 there were a total of 84 new notifications of Tuberculosis arising in residents of the County Borough of West Bromwich. The table below demonstrates the distribution of these notifications by sex and country of origin:—

	ENGLISH		ASIAN		OTHERS	
	R	NR	R	NR	R	NR
1969						
Male	22	2	5	3	Nil	Nil
Female	9	4	4	3	Nil	Nil
Children	Nil	Nil	2	Nil	Nil	Nil
Total = 54						
1970						
Male	12	Nil	10	Nil	1	Nil
Female	4	2	4	2	1	1
Children	2	Nil	Nil	2	Nil	Nil
Total = 41						
1971						
Male	22	1	13	7	Nil	1
Female	6	1	13	5	1	1
Children	8	Nil	1	2	2	Nil
Total = 84						

Table showing new notifications of Tuberculosis in West Bromwich for 1969 — 1971.

From the table it will be seen that the figures of respiratory disease occurring in English males are the same in 1971 as they were in 1969, whilst non-respiratory disease has fallen. Similarly, in English females the total of tuberculous disease at 7 has fallen 6 from 1969. It will also be noted that in 1971 there were 8 children suffering from Tuberculosis. These all came from a single school in West Bromwich, and were due originally to the presence of an undiagnosed boy in the class for a few weeks.

Tuberculosis in Asian immigrant males has risen from 8 in 1969 to 10 in 1970, and to 20 in 1971. The rise in Asian females has been even more dramatic rising from 7 in 1969, 6 in 1970, and 18 in 1971. Happily there were only 3 Asian children notified as suffering from tuberculous infection in 1971.

Deaths

During 1971, 8 men and no women died as a result of Tuberculosis. Two of the men were diagnosed posthumously. In addition a further 6 men and 6 women who were notified as having suffered from Tuberculosis died of causes quite unrelated to that disease. Three of the men and 2 women died of cancer, 1 man died of bronchitis, 1 man died of a cardiovascular accident, and the remaining men died of a coronary thrombosis.

Attendances

During the year 1,757 patients attended the Clinic for the first time, whilst, 5,366 patients re-attended. These figures show a fall from 1970 of 25 new patients and 325 old patients.

Skin Testing

As noted in my previous Reports, skin testing for re-action to old tuberculin has been carried out on all child contacts attending the Clinic. Of those attending for the first time in 1971, 42% were positive re-actors. This figure shows a slight rise from 1970, and the figures for the past 5 years are as appended overleaf :—

1967	60% Positive
1968	52% ..
1969	43% ..
1970	38% ..
1971	42% ..

The increase in the number of positive re-actors was confined solely to children from Asiatic immigrant households.

Positive Reactors in School Children

For several years now all school children are tested for their reaction to old tuberculin at or about their 13th year by Doctors from the School Health Service. All children found to be positive reactors are referred to the Chest Clinic for X-ray and clinical examination. I am happy to say that no child was found to be suffering from active tuberculosis from this group. Most of these children were already known to the Clinic as being either contacts of known cases of tuberculosis, or had been given B.C.G. vaccination through the Chest Clinic services earlier in their lives.

Treatment

Every patient diagnosed as suffering from Tuberculosis, and treated under the National Health Service, has available to him the full range of anti-tuberculous drugs. Some of these are extremely expensive, but these are readily available where clinical indications for their use exist. In particular two new drugs of high promise have become **much** more readily available. These are Rifamycin and Ethambutol. These drugs have the double advantage of being highly effective against the tubercle bacillus and, at the same time, are more acceptable to the patient himself, because they have very few side effects. They are, therefore, particularly welcome. Their great disadvantage is the high price, and although I expect both these drugs to figure more prominently in treatment regimens in the future, I do not expect that they will oust the 3 first-time drugs of Streptomycin, Pasinah and I.N.A.H. in the very near future.

Other Chest Diseases

As in previous Reports I feel that I must draw attention to the continued high and increasing incidence of cancer of the lung. This

condition remains one of the captains of the kings of death for middle aged males. It is well known both in medical and lay circles that moderate to heavy cigarette smoking over a period of time is a definite cause of cases of cancer of the lung. All young people should be encouraged not to start smoking. It should be pointed out that cigarette smoking is not a particularly 'grown-up' habit and that the more cigarettes smoked the more likely a person is to die early. In this borough alone I know of 47 people — 39 men and 8 women — who died of cancer of the lung in 1971.

Pneumoconiosis continues to show a fall in the incidence of new cases. With improving working conditions in our local foundries, and an increasing awareness on the part of the management and workers of the risks involved, I anticipate that this condition will continue to show a fall in incidence.

Chronic bronchitis continues to give rise to a vast amount of morbidity and mortality among middle aged and elderly males in this area. Approximately one-third of male admissions to the wards of Heath Lane Hospital are chronic bronchitis. They too, like the patients with cancer of the lungs, have their condition exacerbated, if not caused, by cigarette smoking. We do not yet know of the initial causes of this disease which still pursues an inexorable course towards disablement and death.

After-Care

The West Bromwich Voluntary Chest Care Committee continues to be very active in helping sufferers from chest diseases. This Committee's funds are derived partly by a grant from the local Health Authority, partly by gifts from various societies and individuals, and very considerably from the sale of Christmas seals. It runs 3 caravans at Highley, where patients are sent in the summer months with their families for a week's free holiday in the open air. This particular service is greatly appreciated by the families, and improves the health of the patients. In addition the After-Care Committee can help in certain circumstances with extra clothing, bedding and nourishment for selected patients. Without this Committee there is no doubt that many patients in West Bromwich would be much worse off than they are, and my personal thanks is due to the Officers of the Committee. I would, in particular ask that the citizens of West Bromwich support future appeals from

this Committee since its funds are extremely limited. The Officers of the Department of Health and Social Services continue to help patients financially, and with goods where indicated. Although bound by the usual rules and regulations they somehow contrive to operate their service with great humanity and kindness, and my thanks are due to them.

Tuberculosis in Immigrants

As in previous Reports I have drawn attention to this facet of the work of the chest services. The figures of new cases of Tuberculosis for 1971 at first glance are extremely disappointing. In order to put the matter in perspective I think that I should enlarge on this subject somewhat. Immediately post the 1939/1954 war, West Bromwich had a large number of displaced persons from central Europe living in hostels. These persons, together with Irish immigrants, gave rise to about one-fifth of the cases of Tuberculosis arising in the Borough of West Bromwich for some 10 years or so after the war. With the advent of new anti-tuberculous drugs, and ready availability of hospital beds, together with improved housing, the incidence of Tuberculosis showed a steady fall. Up to about 5 years ago it was felt that the problem of Tuberculosis was virtually solved. In the past 5 years there has been a steady influx of immigrants into Great Britain. The Asiatics from the continent of India, the Adenis, and the Caribbeans, have been the most noticeable because of pigmentation of their skins. There has, however, been a sizeable immigration from white skinned races as well. In particular the coloured immigrants tend to gather together in little colonies in various towns throughout Great Britain. They tend to buy sub-standard property, and to live together in very over crowded conditions, and with standards of hygiene which are, on occasions, unacceptably low. These factors all contribute to the rapid spread of communicable disease. Tuberculosis is one such disease. The Caribbean people have a natural resistance to infection to Tuberculosis under British conditions, and we find very few such patients landing in our wards. The Asiatics from Aden and the Continent of India, however, seem to have an idiosyncrasy for catching tuberculosis under British conditions. It is true that some of them bring it with them, but it is equally true that the majority of them contract their illness in England, and statistically they are more likely to do this between 3 and 6 years after landing in the country. Four to 5 years ago it became apparent that Asiatic males were

contributing far more than their fair share of Tuberculosis to the total numbers notified. Indeed, in West Bromwich, they now provide almost as many cases as local West Bromwich people. Their women folk provide at least 3 times as many cases as the local West Bromwich women do. If it is accepted that there are approximately 6,000 Asiatic immigrants out of 166,000 residents in West Bromwich, it would seem that the Asiatic males have 30 times as great a Tuberculosis rate as our local inhabitants, whilst their women folk have at least twice that, i.e. 60 times. In order to try and prevent this state of affairs going on indefinitely, all Asiatic babies born within the Borough are being offered B.C.G. vaccination at birth or very soon thereafter, and I am happy to say that the vast majority of them accept this offer. This should, at any rate, bring down the incidence of tuberculosis in this group very considerably within the next 2 decades. If Asiatic immigrants are to continue to arrive in this country in appreciable numbers for the next few years we must continue to expect a very high tuberculosis rate in areas where there are large numbers of such immigrants settling down.

In my introduction I said that the figures for 1971 were disappointing. They are not, in my view, alarming, and steps have been, and are being, and will continue to be taken to control the incidence of Tuberculosis within the Borough. I am confident that the steps will succeed given good sense and co-operation by all the interested parties."

Lastly, I would like to express my gratitude to the members of the After-Care Committee and the Health Department for their ready help throughout the year; to my own staff at the Chest Clinic and Hospital without whom the patients would be in a sorry way; and all my colleagues in Hospital and in General Practice, whose united efforts have contributed now and in the past to the vast improvement in the outlook for those found to be suffering from tuberculosis in any shape or form."

VENEREAL DISEASE

Details of the new cases of venereal disease in West Bromwich residents treated during 1971 at the General Hospital, Birmingham, the Guest Hospital, Dudley, and Manor Hospital, Walsall, are given below together with figures for 5 previous years.

	1966	1967	1968	1969	1970	1971
Syphilis	7	—	4	2	3	5
Gonorrhoea	67	58	60	85	60	65
Conditions other than venereal	145	107	118	167	150	164
	219	165	182	254	213	234

This does not necessarily represent the full extent of venereal disease as patients treated elsewhere than at hospital clinics (e.g. by their own doctor) are not known to this department.

Venereal disease is not a notifiable condition.

Contact Tracing

This presents a difficult problem in a conurbation, but after extensive discussion the County Boroughs and the Regional Hospital Board devised a joint scheme whereby the hospital authorities employ contact tracers to work throughout the area, each authority to contribute to the cost.

The Consultant Venereologists approved the arrangement which provides for clinic based tracers and this came into operation during 1971.

Health Education in Venereal Disease

There is no Health Education Section and apart from some posters little has been done in 1971 in this respect.

PART IV
ADDITIONAL INFORMATION

Health Education
Rehousing on Medical Grounds
Medical Examinations
Home Safety
Cost of the Services

HEALTH EDUCATION

Leaflets, posters and pamphlets are available in the Health Department and in Clinics. Education of the individual takes place at Infant Welfare Centres by the Nursing Staff working there. No specific staff are employed for the purposes of Health Education or its organisation.

Posters showing details for treatment of venereal disease were exhibited in public lavatories. No specific Health Education on the subjects of Smoking and Lung Cancer was carried out apart from posters and advice to individuals by members of the staff in the course of their normal duties.

In general, therefore, apart from personal advice very little Health Education has been carried out.

RE-HOUSING ON MEDICAL GROUNDS

Application for First Tenancies

The allocation of medical points to those applicants for Corporation tenancies who submitted medical evidence of illness in their immediate family was continued throughout the year. In 1971 a total of 130 applications was received. No cases received a maximum of 25 points, 1 case received 20 points, 8 cases received 15 points, 7 received 12 points, 24 cases received 10 points and 78 received between 2 and 10 points. In 12 cases no medical points were awarded.

The award of points is on the medical evidence submitted usually in the form of a certificate from the General Practitioner. During the year the Housing Committee offered accommodation also to twenty-one families on the special recommendation of the Medical Officer of Health. In each case there was very serious illness combined with particularly difficult housing circumstances.

Transfers on Medical Grounds

Requests for transfer of tenancy on medical grounds continued to be referred to the Medical Officer of Health, and 608 cases were dealt with in 1971, of which 369 were recommended for priority re-housing.

For several years a situation has existed where the number of suitable properties available for medical transfers has been less than the number of medical recommendations made. Consequently efforts are made to carry out the Housing Committee's instructions to the Medical Officer of Health, to restrict priority transfers on medical grounds to cases of very serious illness or handicap only, where the housing circumstances have a direct bearing on the case. Greater stringency in recommendations does not, unfortunately reduce the amount of work which has to be carried out by the Senior Medical Staff. Closer scrutiny and greater investigation of many borderline cases is necessary and even then it is extremely difficult to make equitable decisions.

It is therefore a matter of concern that the number of applications for transfer on medical grounds rose in 1971 to 608, as compared with 356 in 1970.

HOME SAFETY

Very little education was carried out on Home Safety as a formal activity. Health Visitors (well below strength) constantly drew attention to the risk in relation to inadequate fireguards or heating apparatus, particularly in houses in multiple occupation.

There are no staff specifically employed to undertake duties in connection with the education of the public in matters of Home Safety, but the Accident Prevention Officer does give assistance from time to time.

MEDICAL EXAMINATIONS

Corporation Staff

The medical staff advise on the medical fitness of staff before appointment and for the purpose of the sickness and accident scheme.

Newly appointed staff are not subject to a medical examination if they complete satisfactorily a declaration form relating to their past illness. Those involved in occupations dealing with young children, food, medical, nursing and dental services are subject to a satisfactory x-ray of the chest before appointment.

The work done during 1971 was as follows :—

Examination before appointment

A total of 359 officers completed satisfactorily declarations of health and was accepted without medical examination, which compares with 367 in 1970.

Medical examinations	75
Accepted	70
Deferred for re-examination	5

Examination for Sickness & Accident Scheme

A total of 523 servants completed satisfactorily declarations of health and were accepted without medical examination — this compares with 551 in 1970.

Medical examinations	131
Accepted	112
Deferred for re-examination	14
Failed	19

Examination of applicants for admission to training college or for employment as teachers.

Medical examinations	119
Accepted	119

The value of much of this work is in my view doubtful, for most

of those employed do not need a high standard of physical fitness to undertake their work.

Fitness for Driving Licences

One of the functions of the Medical Officer of Health is concerned with advice to the Local Licensing Authority on applications for driving licences in which the applicant has indicated that he suffers from “epilepsy or disabling attacks of giddiness”. Such advice is given after information from the patient, his own doctor and generally if such attacks have not occurred for a period of a minimum of three years despite a history of earlier attacks or the continuation of anticonvulsive treatment, the recommendation is to advise issue of a licence. The Department of the Environment issues advice to this effect so that there is consistency on a national scale. Any applicant refused a licence has, of course, a right of appeal (to a Court of Summary Jurisdiction in the first instance).

In 1971, 19 applications were considered. A total of 51 resulted in a declaration to issue a licence, two were refused. Of the remaining 2 cases one applicant died before the procedure was complete and one withdrew his application.

FLUORIDATION OF WATER SUPPLIES

Water supplies to the Borough are provided by two water undertakings. The City of Birmingham provide water supplies to part of the Great Barr and Hamstead areas and this supply contains added fluorides. Supplies to the remainder of the Borough are provided by the South Staffordshire Waterworks Company which serves an extensive area of the West Midlands. These supplies are not fluoridated.

COST OF THE SERVICES

The cost of the services provided under the National Health Service Act, the National Assistance Act and other health services during the year, is shown compared with the cost of the previous ten years in the following table :—

	Local Health Services		Welfare Services		Other Health Services (Refuse Collection Prevention of Diseases etc.)	
	National Health Services Act 1946		National Assistant Act 1948			
Financial Year	Gross Cost	Cost per 1,000 pop	Gross Cost	Cost per 1,000 pop	Gross Cost	Cost per 1,000 pop
1960/61	119,374	1,256	67,040	705	112,426	1,184
1961/62	133,722	1,376	81,383	839	131,033	1,350
1962/63	149,218	1,522	94,345	962	132,552	1,352
1963/64	173,791	1,779	105,352	1,078	147,664	1,511
1964/65	200,327	2,052	112,657	1,154	183,206	1,877
1965/66	220,383	2,248	140,042	1,428	216,202	2,205
1966/67	410,560	2,390	240,800	1,402	370,510	2,157
1967/68	453,894	2,629	268,467	1,555	389,581	2,256
1968/69	482,438	2,799	291,243	1,691	409,050	2,373
1969/70	507,697	2,954	348,044	2,025	440,703	2,564
1970/71	604,981	3,497	416,280	2,406	469,593	2,714*

* — based on population at 31.3.71 i.e. 173,010.

PART V
ENVIRONMENTAL HEALTH SERVICES

COUNTY BOROUGH OF WEST BROMWICH
ANNUAL REPORT OF THE WORK OF
THE HYGIENE AND CLEANSING DEPARTMENT

1971

— — — — —

Health and Hygiene Committee as at 31st December, 1971

Chairman	—	Councillor E. Clarke
Deputy Chairman	—	Councillor F. Bird

Alderman Mrs. M. M. Owen
Alderman Mrs. L. Peckover
Councillor R. Ashby
Councillor R. C. W. Beeson
Councillor A. E. Diggett
Councillor A. Handley
Councillor W. H. Pester
Councillor J. Stokes

Co-opted Members

D. Saklatvala, M.R.C.S. (Eng), L.R.C.P. (Lond), 1933

W. J. Walkden, M.B., Ch.B. 1944 (Birm), M.R.C.P. (Lond) 1950

J. F. Milligan, M.B., Ch.B. 1937 (Edin)

Mr. J. O. Robins, F.H.A., F.I.A.C., F.R.S.H.

HYGIENE AND CLEANSING DEPARTMENT
ESTABLISHMENT AS AT 31ST DECEMBER, 1971.

Chief Public Health Inspector & Cleansing Superintendent	—	Stanley Cayton, M.B.E., F.R.S.H., M.A.P.H.I., M.Inst.P.C., C.Eng., M.Inst.F.
Deputy Chief Public Health Inspector (Meat Hygiene)	—	Albert Mercer, M.A.P.H.I.
Deputy Chief Public Health Inspector (Other Services)	—	Stanley W. Hogg, M.A.P.H.I.,

Housing Section	Special Services Section	Meat Hygiene Section	Air Pollution Section
Senior P.H.I. — A.W. Reeves	Senior P.H.I. — Wm. Cunningham	1 Public Health Inspector	Senior P.H.I. — C.R. Cresswell
4 Public Health Inspectors	(Associate Chief P.H.I.)	2 Senior Authorised Meat Inspectors	1 Public Health Inspector
2 Technical Assistants	3 Public Health Inspectors	7 Authorised Meat Inspectors	1 Graduate Assistant
	1 Technical Assistant		3 Technical Assistants
	1 Technical Assistant (Pests Officer)		
	3 Pests Control Manual Staff		

Offices, Shops, Food and Drugs Section	Public Cleansing Section	Pupil Public Health Inspector	Clerks
Senior P.H.I. — C.C. Wilkes	Assistant Cleansing Supt. — G.L. Collett		Senior Clerk — Miss. G. M. Lemar
3 Public Health Inspectors	1 Senior Inspector	5 Pupils B.Sc. Degree Course Aston University	4 Clerks
4 Technical Assistants	2 Cleansing Inspectors		3 Clerks (Sheepwash Lane Depot)
	3 Chargehands		
	166 Workmen		

Vacancies	Typing
1 P.H.I. (Housing)	Typing Services are supplied by the Central Typing Pool operated on behalf of all departments by the Town Clerk.
1 P.H.I. (Special Services)	
1 T.A. (Air Pollution)	
2 T.A. s (Food)	
1 Clerk (Public Cleansing)	

FOREWORD

Housing

A backward look at 1971 suggests that the year may fairly be described as a "Housing Year". Despite the effort which has been directed towards improvement of our older houses either individually or collectively, in General Improvement Areas, this is not a substitute for clearance of worn-out houses wherever situated. Whilst any, and we know of more than 1,000, remain, they should have first priority. The average rate of annual progress has declined from about 650 houses prior to 1966 to 450 in recent years. This total is not insignificant but it could be improved to remove all these houses which are so far below that standard of comfort and convenience generally considered essential for a reasonable existence. A very proper objective for any Authority and one which could be achieved in West Bromwich in a very short time.

The case for an acceleration is supported by the availability of accommodation from the normal re-letting of houses and flats from existing Council owned properties.

Since 1966 the slum clearance programme has been sustained by a declining house-building programme from a peak of 1385 houses in 1965 to 157 in 1971. Conversely, building by private enterprise has increased from 374 in 1966 to 636 in 1971. Taking the contribution of the Council and private builders together in 1971 the total production of new houses in the town remained practically the same as in 1970, that is almost 800.

It now seems that housing need in West Bromwich is not so much a matter of ensuring that everyone has a roof over his head but rather of having a house of a particular size or type in a particular place.

This suggests there is need for a careful look at the special requirements of the elderly, the newly married and single men and women who also need accommodation and an opportunity to set up homes of their own, and provide accordingly.

Having reached this stage it is essential that in reconditioning structurally sound houses we take care not to invest large amounts of capital in properties which will be obsolescent in 30 years — the life-span of a fully improved house.

Air Pollution and Noise

Reproduced in this section of the report are the results of a random sample of house warming appliances and fuels used outside Smoke Control Areas. It shows 57% of the houses in the sample completely smokeless. This prompts the question, is formal Smoke Control necessary? The answer must be an unequivocal “yes”, for two main reasons. First, to ensure for all householders the physical benefits and the economies in maintenance of buildings and internal furnishings which follow from a cleaner atmosphere. Secondly, to enable greater control to be exercised over sources of pollution made more obvious in a generally cleaner atmosphere.

The statistics extracted from our enquiries confirm that the townspeople desire a cleaner atmosphere and a cleaner town in which to live. This can only come from a vigorous domestic smoke control programme which takes along with it an equally determined policy towards all other sources of pollution. Expenditure of money by West Bromwich industries though curtailed by adverse trading conditions is nevertheless continuing at a very high level which we fully appreciate.

A description of the methods used to evaluate the level of traffic noise on undeveloped residential land has been included in the Report. The actual and projected traffic flow indicates that to prevent a situation arising where noise nuisance from road traffic may be inevitable and irremediable heavy financial sacrifices will have to be made in terms of land to provide wide margins between traffic and dwellings. Additionally, land in quiet or sheltered areas will come to attract a high premium on this account. This is a planning matter but one in which we are involved in the same way as in calculating a satisfactory height for a new chimney, but with less data.

There have been numerous cases during the year where rateable values have been reduced by up to 10% because of intolerable traffic noise from parts of the motorway complex which is by no means at maximum. In these cases the houses were in existence when the roads were built. Our concern is to prevent a repetition of this situation.

Food Premises, Food Sampling, Shops and Offices.

Although much emphasis has been placed on the short comings of a minority of those who handle food at some point between the manufacturer and the consumer this is a problem which has long troubled the food trade. Usually, the culprits are temporary or unsettled workers who forget that throughout their working day they are handling somebody's food. The situation is further aggravated by the now well established habit of eating out as a form of entertainment. This tends to increase the demand for casual and part-time workers many of whom are employed washing-up; one of the least attractive forms of employment in the catering industry, but important to food hygiene because everything goes into and comes out of the kitchen sink. Control of the quality of washing-up and the water, goes a long way towards good food hygiene. Despite all mechanical and other aids to hygiene there is no substitute for a well-trained pair of hands.

One of the most praiseworthy aspects of the report is the quality of the food manufactured in the borough. Random sampling of 35 manufacturers revealed only one sample below the prescribed standard out of 211 purchased. A brief but factual tribute to the trade.

Meat Hygiene

The heading for this portion of the report is deliberately used here and in the designation of the deputy in charge because it involves a much wider concept of our responsibilities than "inspection" of animal carcasses and their related organs. Carcass meat has long been recognised as one means by which animal sources of food infection are conveyed from the place of slaughter or preparation, to the kitchen. Our duty is therefore not only to guarantee freedom from disease, but also to ensure a clean and safe meat supply.

Meat Inspection standards were adversely criticised during the year by the British Veterinary Association. This criticism is unwarranted. This Authority, as reported elsewhere, has not only provided sufficient staff for a complete inspection of all animals slaughtered, now, but has approved the appointment of inspectors to meet the needs of the enlarged premises as soon as they are ready for operation.

In addition to applying pressure in appropriate quarters for white meat, i.e. poultry, to be treated similarly to red meat, the Authority has decided to appoint an inspector to specialise in the examination of

poultry carcasses produced, packed and distributed in large quantities from this town.

In matters concerning the health of our herds of livestock the veterinarian is pre-eminent. It is here that his training and skill can best be used and we are always willing to provide him with our post-mortem findings, whenever they are needed.

Special Services

It is very satisfactory to be able to report the establishment of an official site for caravan "travellers" and to add that the advice and confidence we obtained in discussions with authorities having well established sites particularly in the London Boroughs of Bromley and Redbridge has not been misplaced. A site for fifteen vans was brought into use in September and we are well satisfied with the results.

The time consuming exercise of moving caravans from here to there and back again has been replaced by unremitting efforts to suppress a severe nuisance arising from offensive odours from the processing of feathers and offal to produce a high protein meal for addition to animal feeding stuffs. In itself a very desirable use for a waste product the disposal of which has always been difficult. The phenomenal growth of the dressed poultry industry has greatly enlarged the problem so this process is an attractive possibility provided it can be operated successfully.

Despite the problems of disposal of offensive and highly putrescible waste the creation of an offensive manufacturing process in its place cannot be accepted without vigorous attempts being made to secure operation of the plant without offence to residents in the neighbourhood. Some success has been achieved and it is hoped that a permanent solution is not far away.

Refuse Collection and Disposal

A Productivity Agreement negotiated with the refuse collectors and their Trade Unions operated from September. It will not be in full operation until two new vehicles each of 50 cubic yards capacity are delivered. This will probably be in the early months of 1972. The results, so far, are satisfactory and there has been no redundancy.

Apart from what we hope will be an improved collection service designed to give a weekly collection on the same day, men will be available for other essential functions such as bin replacement, the collection of bulky items of refuse and for the cleaning of plots of land disfigured by dumping of unwanted debris from small building operations, putrescible and other refuse from shops and trade premises. The collection of abandoned or unwanted motor cars is a growing duty which may become much more substantial and costly to the authority when the motorway complex is completed and in full operation.

Examination Successes

Congratulations to the following members of the department and pupils on their attainments. It is gratifying to see these additional qualifications being added to the technical strength of the department.

Mr. R. Shaw	—	Diploma of Municipal Administration, Final Part 1
Mr. C.K. Meade	—	Royal Society of Health — Air Pollution Diploma
Mrs. M. Ellis	—	Royal Society of Health — Air Pollution Diploma
Mr. C. Parsons	—	T.3 Construction Technicians Course, (City & Guilds of London)
Mr. P.S. Fisher	—	B.Sc. Course Third year, Aston University
Mr. V.P.H. Whelan	—	B.Sc. Course Third year, Aston University (John Rogers Prize for outstanding 3rd year student)
Mr. K. Mayou	—	B.Sc. Course Second year, Aston University
Mr. C. Potts	—	B.Sc. Course Second year, Aston University
Mr. D. Ashford	—	B.Sc. Course First year, Aston University

Visitors :

Overseas visitors are always particularly welcome. The following are a few of a large number of visitors to the U.K. seeking technical and other information about various aspects of local government :—

Three Labour Inspectors from Hong Kong — who spent one day in the Department out of one week with the Corporation.

Dr. A. M. El Shebokshy, Director of Environmental Services, Cairo, who spent 4 days with the Department.

Acknowledgements

It is a pleasure to express appreciation of the work done on our behalf by the West Bromwich Officers of the West Midlands P.T.A. in maintaining vehicles for refuse collection and associated activities.

The assistance of all the Chief Officers and Heads of other departments is also gratefully acknowledged as is the team work of my deputies Mr. S. W. Hogg and Mr. A. Mercer who are so enthusiastically supported by the specialist Section Leaders and every member of the department.

Finally, Mr. Chairman, my thanks and appreciation for the confidence and consistent support I have received from yourself and the members of your Committee in every aspect of the department's work.

S .CAYTON,

Chief Public Health Inspector & Cleansing Superintendent.

GENERAL STATISTICS

Description of the area :

Total acreage	11,704
Population (at 31.12.71)	166,626
Product of a 1d Rate (31.3.71)	£83,000
Rateable Value of the Borough	£8,286,303

Meteorology – Weather Station, Wigmore :

Total rainfall — 1971	25.98"
1970	31.55"
1969	31.09"
1968	31.30"

Monthly rainfall 1971	inches
January	3.73
February	0.64
March	2.43
April	2.12
May	1.36
June	2.80
July	1.48
August	3.52
September	0.84
October	2.51
November	3.05
December	1.50
	<hr/>
	25.98 inches
	<hr/>

Maximum temperature — 89°F — 11th July, 1971
 Minimum temperature — 21°F — 5th March, 1971

TABLE OF INSPECTIONS AND ENFORCEMENT ACTION

	Inspections	Notices Served Formal	Informal	Prosecutions	Work in Default
HOUSING (Slum Clearance) repairs, improvement grants, multi-occupation and surveys.	10,551	271	808	9	1
FOOD AND DRUGS Food Premises Food and Drugs Act Markets, stalls and delivery vehicles Sampling	4,175 — 454 396	— — — —	1,086 — 171 —	13 18 17 —	— — — —
OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963	2,136	—	784	10	—
MEAT HYGIENE Meat and Poultry	7,102	—	13	—	—
AIR POLLUTION AND FACTORIES (Smoke observations, surveys, complaints, volumetric measurement) Factories Act Industrial Noise	6,363 783 802	36 — 8	59 100 40	4 1 1	— — —
ENVIRONMENTAL HEALTH (Special Services) (Nuisances, refuse collection and disposal, Civic Amenities Act, 1967, rodent control, pests and infectious diseases, domestic noise & drainage)	14,287	202	671	—	524
TOTALS	47,049	517	3,732	73	525

HOUSING

Introduction

There was a very substantial increase during the year in the level of activity in the improvement of private housing thus demonstrating that the publicity given both nationally and locally to the revised scheme of grants introduced by the Housing Act, 1969 is beginning to take effect. The scope of improvement grants is much more widely appreciated by the general public and although there was a decline in the number of applications for standard grants the total number of grants approved was far higher than ever before. The continuance of activity at this level in the private sector together with the Council's programme for modernisation of its own houses will, over the years make a significant contribution to the improvement of the general standard of housing in the borough.

The steadily increasing rate at which applications were received suggests that the peak has not yet been reached and the rate is likely to be further stimulated by work in the Burlington Road General Improvement Area and the House Improvement Month which is planned for 1972..

Progress in the implementation of the Council's Slum Clearance Programme continued and work on a survey of private houses with the object of formulating proposals for future clearance and general improvement areas was commenced.

On the debit side it must be recorded that continued shortage of staff has precluded the required level of activity needed to deal with the special problems arising from multiple occupation. This is the most complex problem facing the department at the present time. Housing accommodation in houses in multiple occupation is by its very nature sub standard and improvement of conditions by the use of the Council's legal powers of control cannot provide a permanent solution in terms of standards which can be regarded as acceptable, in the long term. Especially is this true in the light of the general improvement which is taking place as a result of slum clearance and the increasing use of improvement grants. A permanent solution will depend upon the availability of

alternative housing accommodation and the conversion of all suitable houses into self contained flats which will provide satisfactory amenities.

Unless progress along these lines can be made quickly it is likely that several hundred houses in the Borough which are currently in multiple occupation will have to be added to the slum clearance programme in the very near future.

New Housing Accommodation

TABLE 1

	1971	1970
Number of houses and flats built by the Local Authority	157	437
Number of houses and flats erected by Private enterprise	636	359
	793	796

Slum Clearance

Particulars of clearance areas declared and of individual unfit houses dealt with by closing or demolition orders are set out in Tables II and III respectively. The total number of houses involved was 409.

One public local inquiry in connection with 3 compulsory purchase orders and a Hearing in connection with a clearance order were held during the year. The total number of houses in the orders considered to be unfit was 137. In the case of the compulsory purchase orders there were objections to the unfit classification in respect of 19 houses and three of these were upheld when the orders were subsequently confirmed by the Minister. The hearing was concerned with one objection to the inclusion of 2 houses in the Order. The part of the objection dealing with their classification as unfit was withdrawn and the submissions at the hearing related to whether demolition was most appropriate in the special circumstances. The Minister subsequently confirmed the order with the modification that these two houses be excluded on the ground that demolition was not the best method of

dealing with the unfitness.

The Minister confirmed without modification 1 compulsory purchase order and 3 clearance orders which had been the subject of a public inquiry at the end of 1970. He also confirmed 3 compulsory purchase orders and two clearance orders in respect of 44 houses which had not been opposed.

TABLE II
Representation of Houses in Clearance Areas

Clearance Area	Date of representation	Order	Number of Houses	No. of Persons to be Displaced	Number of Families
Burnt Tree No. 284	28.1.71	Order not yet made	2	3	2
Burnt Tree No. 285	"	-do-	89	162	63 + 1 House in mult. occup
Burnt Tree No. 286	"	-do-	43	102	41
Jervoise Street No. 287	25.2.71	Jervoise Street C.P.O. 1971	4	23	3 + 1 Houses in mult. occup.
New Road, Tipton. No. 288	29.4.71	New Road Clearance Order 1971	2	3	2
Ridding Lane No. 289	"	Ridding Lane C.P.O. 1971	11	34	8 + 2 Houses in mult. occup.
Mount Street No. 290	"	Mount Street C.P.O. 1971	8	12	8
Oakeswell Street No. 291	"	Oakeswell Street C.P.O. 1971	23	77	20 + 4 Houses in mult. occup.
Bilhay Street. No. 292	29.7.71	Bilhay Street C.P.O. 1971	7	10	7
Bilhay Street. No. 293	"	-do-	44	177	30 + 9 Houses in mult. occup.
Bilhay Street. No. 294	"	-do-	16	54	12 + 2 Houses in mult. occup.
Furnace Parade. No. 295	"	Furnace Parade C.P.O. 1971	3	5	3
Furnace Parade. No. 296	"	-do-	14	42	14

Table 1 — continued

Clearance Area	Date of representation	Order	Number of Houses	No. of Persons to be Displaced	Number of Families
Furnace Parade No. 297	29.7.71	Furnace Parade C.P.O. 1971	9	18	9
Rooth Street No. 298	28.10.71	Rooth Street C.P.O. 1971	8	24	5 + 2 Houses in mult. occup.
Bloomfield Road, Tipton No. 299	"	Bloomfield Road Clearance Order 1971	4	7	4
Victoria Road. No. 300.	"	Victoria Road C.P.O. 1971	18	55	18
Victoria Road. No. 301	"	-do-	6	23	6
Whitehall Road. No. 302	"	Whitehall Road C.P.O. 1971	11	32	11
Sandwell Road. No. 303	"	Sandwell Road C.P.O. 1971	2	7	1 + 1 House in mult. occup.
Sandwell Road. No. 304	"	-do-	2	10	2
Sandwell Road. No. 305	"	-do-	3	13	2
Castle Street. No. 306	"	Order not yet made	9	18	9
Castle Street. No. 307	"	-do-	3	5	3
Castle Street. No. 308	"	-do-	2	7	2

TABLE III
Individual Unfit Houses

	Houses Demolished	Demolition Orders Made	Closing Orders Made
1971	12	31	35
1970	29	37	36

Progress in rehousing and demolition of unfit houses.

A total of 137 families, comprising 390 individuals were rehoused during the year from houses the subject of Closing and Demolition Orders, or included in confirmed Clearance and Compulsory Purchase Orders. Two hundred and thirty one houses were demolished.

TABLE IV
Houses Demolished

	1971	1970
Houses in or adjoining clearance areas	219	665
Houses subject of demolition orders	12	29

Housing Repairs

Notices were served in respect of 63 houses under Section 9 of the Housing Act 1957 as amended by the Housing Act, 1969. Nine of the houses were unfit and 54 in need of substantial repairs. The majority of the latter notices arose from the follow up of deferred applications for Qualification Certificates. Seven of the notices arose out of tenants' requests under Section 19 of the Housing Act 1964 for the exercise of the Council's power to require provision of the standard amenities. Seven of the notices had been complied with at the end of the year.

HOUSE IMPROVEMENT

Houses Made Fit

Two houses, the subject of closing orders, were made fit during the year and the orders revoked. Undertakings in connection with two unfit houses were accepted and the houses made fit.

Requests from Tenants under Section 19 Housing Act, 1964

Requests for exercise of the Council's powers to require improvements were made by the tenants of seven houses. In all cases it has been found necessary to serve notices under Section 9 of the 1957 Act.

General Improvement Areas

An exhibition was staged during June in the Burlington Road area to publicise draft proposals for improvement under the general improvement area provisions of the Housing Act, 1969. A public meeting under the chairmanship of the Chairman of the Housing Committee was also held and was very well attended. Reaction to the proposed improvement of the area was generally favourable but many of the speakers from the floor drew attention to the deterioration of the neighbourhood which had resulted from multiple occupation of some of the houses. They felt very strongly that the success of the scheme would be seriously jeopardised unless multiple occupation in the area was strictly limited or eliminated.

A report on the area was subsequently considered by the appropriate Committees and formal declaration of a general improvement area was made by the Council in October.

Burlington Road General Improvement Area

The following is an extract from the statistics included in the report on the area which gives an indication of the extent to which renovation and improvement of the houses is required.

Total number of dwellings in the area	375
Dwellings unfit for human habitation	71
	(53 also lacking one or more of the standard amenities)
Dwellings not unfit but requiring repair	210
	(43 also lacking one or more of the standard amenities)
Dwellings lacking one or more of the standard amenities	96
Houses in multiple occupation (i.e. occupied by more than one family living as separate households)	33
Houses occupied by more than one family alleged to be living as single households	16

The average number of occupants was greater in the 16 houses than in the 33 but unless it can be established that the occupants are not living as single households the multiple occupation legislation will not be applicable.

The aims are to ensure that all the houses in the area are improved to the highest standard possible and to work towards elimination of multiple occupation by encouraging the conversion of suitable houses to self-contained flats and the reversion to single family occupancy of houses which are unsuitable for conversion.

The area includes the site of a compulsory purchase order made under Part III of the Housing Act, 1957 which is to be redeveloped with Council dwellings.

Improvement Grants

Particulars of applications approved are set out in Table V.

The predominance of owner-occupiers among the applicants indicates that there is still a need for greatly increased efforts on the part of landlords to bring their houses up to an acceptable standard. Thirty improvement grants and sixteen standard grants in respect of tenanted dwellings were approved and although this is an increase of twenty-eight over the previous year, the numbers are disappointing particularly in view of the fact that tenanted houses generally tend to be in worse structural condition than comparable owner-occupied houses and are to that extent more urgently in need of action to prevent further deterioration.

It is apparent that the provisions for removal of rent control contained in the 1969 Act have not had as much effect as was hoped for. Several cases have arisen during the year where owners have felt unable to carry out improvements because of lack of financial resources. Study of the costs involved has revealed that phased increases to fair rents would have been insufficient to cover interest charges on loans until the fourth year after improvement. The fair rent provisions in the Housing (Finance) Bill will no doubt assist in resolving some of the present difficulties but it could well be that further incentives will be needed if the average landlord, perhaps landlady would be more appropriate in this context, is to be encouraged to attain the standards required. The provisions in the Bill for rent rebates in the private sector may well lead more tenants in the low income groups to seek improvement of their houses.

If the rate at which tenanted houses are improved does not show a substantial increase it is possible that the Council will, in future years, need to give serious consideration to the acquisition and improvement of such houses, particularly within general improvement areas, not only to ensure complete improvement of the housing stock but also to safeguard the public funds invested, through grants, in the improvement of adjacent properties.

Financial Assistance For Improvement

TABLE V

Type of Grant	Applications Received	Applications Approved	Houses for Improvement	Houses for Conversion	No. of dwellings resulting from conversion	Grant Approved
Improvement Grants	207	207 (176 owner-occupiers)	205	2	6	£118,959
Standard Grants	89	89 (73 owner-occupiers)	89	—	—	£18,508
Special Grants	¹ (5 households)	1	1	—	—	£230
Grants for Separate Water Services	3	3	—	1	—	£98

Improvements carried out

Improvement Grants					Standard Grants									
Improvement		Conversions			Standard Amenities Provided									
Improved to 12 Point Standard	Grant Paid	Houses converted	Dwellings Provided	Grant Paid	Houses im-proved	Higher Limit Grants	Normal Limit Grants	Standard Amenities Provided		Sink	Grant Paid			
								Bath or Shower	Wash Hand Basin			In-ternal W.C.	Hot water supply at 3 pnts. at 1 or 2 pnts.	
102	£49,887	1	2	£820	95	44	51	59	70	86	53	18	Nil	£15,797
Separate Water Services														
Work completed		—										8 houses		
Grant Paid		—										£368		

Conversion of Controlled Tenancies to Regulated Tenancies

Qualification Certificates

TABLE VI

Houses with all Standard Amenities.
Qualification Certificates (Section 44(1) Housing Act, 1969)

	<u>1971</u>	<u>1970</u>
Applications received during the year	183	170
Qualification Certificates refused	25	25
Qualification Certificates issued :		
(a) Dwellings with rateable value of £60 or more	40	16
(b) Dwellings with rateable value of £40 to £60	30	6
(c) Dwellings with rateable value of less than £40	4	—
Applications under consideration at end of year	213	124

The total number of applications referred back because the qualifying conditions were not satisfied now stands at 213 compared with 101 at the end of 1970. The comparatively small number of certificates issued is an indication of the unsatisfactory state of tenanted houses in the private sector which has resulted to some extent from the inadequate financial resources of the owners and the low level of income derived from controlled rents which has precluded necessary expenditure on maintenance in the past. In a number of the cases which have been deferred the cost of carrying out the work necessary to satisfy the conditions for issue of qualification certificates is likely to necessitate the raising of loans which will have to be repaid out of rent increases.

The issue of qualification certificates on a temporary basis might enable problems of this kind to be overcome. A temporary qualification certificate setting out the work needed to satisfy the qualifying conditions in respect of repair would enable the Rent Officer to fix a fair rent on a similar basis to that in operation in respect of provisional certificates. Such a system would have to provide guarantees that the work would in fact be carried out including provision for reversion to the controlled rent upon the expiry of the qualification certificate and for the execution of the work in default by the local authority. The powers in Section 9 of the 1957 Act could be used for this purpose but an express provision in legislation governing qualification certificates would be more easily understood and would enable action to be taken if an owner attempted to avoid his responsibilities by selling his houses.

The basis of fair rents seems to be that tenanted houses shall be self-supporting in financial terms and there is no reason to suppose that after satisfying the qualifying conditions the income from letting will be insufficient to maintain a proper standard of repair. The use of the Council's powers under public health and housing legislation when necessary, should ensure that the long term benefits of improvement in the general condition of private housing stock are not lost.

Tenants of controlled houses, particularly those built between the wars tend generally to agree that their present rents are unrealistic and seem to be prepared to pay rent at the new levels provided their houses are put into a reasonable condition. It is to be expected that tenants who will be paying considerably higher rents than at present will demand a commensurate standard in their houses and will be more likely to use the services of the department if they fail to get satisfaction from their landlords.

Notices under the amended Section 9 of the Housing Act 1957 have been served in cases where the condition of the houses warranted such action. Compliance with the notices will enable the qualifying conditions to be satisfied.

There have been no appeals against refusal to issue qualification certificates.

Certificates of Provisional Approval

TABLE VII

Houses requiring one or more of the standard amenities.

Certificates of Provisional Approval (Section 44 (2))

	<u>1971</u>	<u>1970</u>
Applications received during the year	13	15
Provisional certificates issued	14	13
Qualification certificates issued	16	3
Under consideration at end of year	3	4

These were combined with applications for improvement or standard grants. Qualification certificates were issued upon satisfactory completion of the improvements.

HOUSES IN MULTIPLE OCCUPATION

Houses in multiple occupation account for a high proportion of the sub-standard housing accommodation in the Borough. Very little progress was made in dealing with the 600 or so houses, which have not yet been brought under any kind of systematic supervision, pending Council decisions on the recommendations of the working party of officers which reported at the end of 1970. Most of the activity centred round the revisiting of houses which were already the subject of notices, directions and similar controls.

The recommendations of the working party were accepted and approval was given in December to the recruitment of additional staff to enable the problems to be tackled. The basis of the recommendations was that self contained accommodation for each household should be the ultimate aim and that until this position could be reached the Council should adopt the formal Registration scheme to enable control to be exercised over the further spread of multiple occupation and make full use of its powers to control and regulate existing multiple occupation. The long term recommendations were :—

- (1) Qualified housing applicants from the waiting list should be rehoused and the legislation used to limit re-occupation.
- (2) To encourage the conversion of suitable houses to self-contained flats. The Council to acquire houses for this purpose and to encourage acquisition and conversion by housing associations.
- (3) To declare the Beeches Road area, where a high proportion of houses are in multiple occupation, to be a general improvement area in order to encourage the improvement of houses and to make provision for car parking space to facilitate conversion of suitable houses to flats.
- (4) To work systematically towards the elimination of multiple occupation throughout the Borough through the provision of satisfactory housing accommodation.

It is hoped that during 1972 it will be possible to make some real progress in tackling the present unsatisfactory conditions.

TABLE VIII
Houses in Multiple Occupation – Action Taken

Notices Served

Section 90, Housing Act, 1957 (Abatement of overcrowding)	...	...	...	1
Section 19, Housing Act, 1961 (Directions to prevent or reduce overcrowding)			...	16
Section 15, Housing Act, 1961 (Provision of additional facilities)	...	...	...	5
Section 16, Housing Act, 1961 (Provision of satisfactory means of escape from fire)				13
Section 60, Housing Act, 1969 (Closing orders where means of escape cannot be provided at reasonable cost)	...	...	...	10
Section 14, Housing Act, 1961 (Remedy of neglect of proper standards of management)				2

Compliance with notices

Overcrowding Section 90	...	...	...	1
Section 19	...	...	...	9
Provision of additional facilities (Section 15)			...	3
Provision of means of escape from fire (Section 16)			...	4
Remedy of neglect (Section 14)	...	...	...	2

Court proceedings

Section 15	3 (fined £50 each plus costs)	
Section 16	4 (3 fined £75 each plus costs, 1 fined £30 plus costs)	
Section 170	(Failure to supply information)	1 (fined £15 plus costs)
Section 159	(Obstruction)	1 (absolute discharge)

OVERCROWDING

One notice under Section 82 of the Housing Act, 1957 was served on the owner-occupier of a house which was occupied by three related families living as a single household and therefore not in multiple occupation as defined. The overcrowding was abated as a result.

AIR POLLUTION, NOISE AND FACTORIES

Nineteen Seventy One has been primarily a year of consolidation, except for a certain amount of new work in the measurement of noise from road traffic.

Industrial Air Pollution

The nationwide recession and short-time working affected most of our pollution producing industries and in consequence firms have been reluctant to spend money on new equipment.

Efforts have been made to eliminate the emissions of dark smoke from burning in the open, four successful prosecutions were taken under Section 1, Clean Air Act, 1968, and a number of others are pending. Bonfires have always provided a cheap and therefore attractive method of disposing of unwanted materials. Contraventions of the provisions of this section have been numerous as burning in the open without producing dark smoke is virtually impossible except when the quantity of material is small. It assists considerably in dealing with burning on demolition sites if the Architect or Surveyor responsible includes a Clause in the Specification entirely prohibiting burning on the site. This is now done in the case of all West Bromwich Corporation Contracts. It also has the advantage of ensuring that all Contractors tender on the same basis and are not tempted to undercut one another and then attempt to "get away" with burning unwanted combustible materials.

The permitted defence that contravention was inadvertent and that all practicable steps had been taken to minimise the emission of dark smoke, takes care of one habitual offender, the scrap metal merchant. It is common practice to cut oily or greasy scrap with oxypropane torches and invariably it was claimed that any fires which commenced during this process were unavoidable. If such a fire occurs now, whether it be inadvertent or accidental, the taking of all practicable steps e.g. extinguishing the fire immediately with sand or similar material kept readily available, can be required from even the smallest of firms.

Most demolition contractors and scrap metal merchants, who were the worst offenders, appear to have accepted the situation and take their refuse to the Corporation's tip for disposal. One difficulty

still encountered however concerns confidential waste. It has been the practice of many large and small firms to dispose of this material on bon-fires lit at regular intervals to get rid of correspondence and other refuse at the same time.

This outlet is now closed, and a problem remains which is resulting in an ever-increasing number of small inefficient incinerators being installed creating other problems. Disposal of waste paper, packaging and confidential papers can be made to the corporation's salvage plant, without charge. This is a better method than incineration.

The reduction of pollution from the numerous iron foundries in the town is a slow process. Unsatisfactory maintenance of grit and dust arresting equipment and the destruction or disposal of noxious fumes from shell moulding remain the largest sources of complaint. Considerable reduction in grit and dust fall-out has been obtained in one part of the district where there were five foundries in close proximity. The smallest firm ceased trading for family reasons, a second replaced a dilapidated penthouse with two wet washers, a third installed new well designed dry arresters to their cold blast cupolas and the fourth replaced four cupolas with a rotary furnace. Some interest has been shown at other foundries in cupola melting with either natural gas or propane, but with trade slow to pick up it is difficult to get firms sufficiently interested to spend the necessary capital.

It is impossible to categorise the various complaints received during the year as quite often on investigation the original complaint was inaccurate. The belief that petitions produce more effective action still appears to persist although the number actually received diminished. The total number of individual complaints and petitions received relating to the various aspects of industrial air pollution was 108.

In twenty-five cases Notices were served relating to smoke emissions (Section 30, Clean Air Act, 1956) and in six instances, Abatement Notices related to smoke (Section 16, Clean Air Act, 1956), grit, dust or effluvia (Sections 92 and 93, Public Health Act, 1936).

New Equipment

Twenty-five notifications of intention to install new furnaces and applications for prior approval were received during the year. Chimney heights were agreed in respect of forty-one new furnaces and two replacement chimneys. Of the furnaces notified, twenty-nine were

oil-fired, six gas fired, two were incinerators and four replacement cold blast cupolas.

A proposal from the C.E.G.B. to install a gas turbine generating station brought to our notice that such installations are not controlled by the Alkali etc., Works Regulation Act and the chimney height cannot be controlled by Section 6, Clean Air Act, 1968. A visit was made to a similar station in another part of the country and discussions held with officials of the Generating Board. As a result the Committee were satisfied with the proposed new chimney of 200 ft., and the insulation and other protection provided to minimise noise emissions.

Alkali Controlled Premises

In June the Secretary of State for the Department of the Environment rejected our application made in 1968 requesting the control over emissions from nine premises to be transferred from the Chief Alkali and Clean Air Inspector to the Corporation. A new application to transfer control over emissions from three premises to the Corporation is in course of submission to the Secretary of State at the end of the year.

The Alkali Inspectorate has been enlarged to deal with the increased work placed upon it by the Alkali Works Order, 1971. The effect of this Order in West Bromwich, however, is to transfer the control of emissions to the Corporation in respect of six small irony aluminium furnaces and the same number of oil fired rotary furnaces used for the melting of iron.

Domestic Smoke Control

Smoke Control Areas 18 and 19 became operative on 1st October. Nearly all the 614 dwellings included were either newly erected or in course of erection so that the cost to the Corporation was only £8.77½.

The trend towards using gas, electricity and solid smokeless fuels in dwellings not yet under smoke control, continued. A survey of every fiftieth dwelling as listed in the Register of Electors and not in Smoke Control areas revealed the following statistics:—

Houses in Survey

Privately owned	231
Council owned	421
Void or demolished	37

Dwellings found to be completely smokeless.	370	57%
Dwellings capable of burning solid smokeless fuel. i.e. approved open fires installed.	73	11%
Dwellings partly smokeless	70	11%
Dwellings using bituminous coal only	139	21%

Principal Types and combinations of fuel used.	W.B.C.	Private Houses	Total	Percentage of Sample
Gas only	144	68	212	32.5%
Coal only	139	44	183	28.5%
Electricity only	47	29	76	10.0%
Gas and Electricity	28	21	49	7.5%
Gas and Coal	26	22	48	7.4%
Electricity and Coal	18	20	38	5.8%
Solid Smokeless Fuel only	10	7	17	2.6%
Coal and Solid Smokeless Fuel	6	2	8	1.2%
Oil only (principally houses in multi-occupation)	0	7	7	1.1%
Gas, Electricity and Coal	0	2	2	
Gas and Smokeless Fuel	0	2	2	
Gas, Coal and Solid Smokeless Fuel	1	2	3	
Coal, Solid Smokeless Fuel and Oil	0	1	1	
Gas and Oil	0	2	2	
Electricity and Solid Smokeless Fuel	0	1	1	
Coal and Oil	1	1	2	
Electricity, Coal and Solid Smokeless Fuel	1	0	1	
TOTALS :	421	231	652	

The rate of this move away from the use of bituminous coal varies considerably from district to district so that formal Smoke Control Areas are still very much needed. Also until Smoke Control is extended

to the whole of the town, the advantages are not at their maximum. To do this means including industry and there are many industrial and commercial sources of air pollution which do not automatically qualify for exemption. When the detailed inspections for a proposed Smoke Control Area are made, the small and sometimes numerous sources of pollution immediately become apparent. Examples include small incinerators, space heating equipment in factories and wood burning furnaces.

This suggests that the application of smoke control to areas where industry and older residential development intermingles could bring benefits greater than would be derived from equivalent capital invested in newer residential areas where changes in heating habits are taking place voluntarily and fairly rapidly.

At the same time the processes registered under the Alkali etc., Works Regulation Act will become much more obvious transgressors and public opinion will demand much greater technical efforts to abate pollution and the expenditure of more money by the industries concerned.

With gas and electric appliances replacing the open fire, an increase in the number of bonfires at private dwellings is inevitable. They are however a nuisance to considerable numbers of people, but as informing on one's neighbour is "not done", complaints only arise when there is a clash of personalities. Bonfires of garden refuse and the like are capable of emitting quantities of such undesirable compounds as 3.4 benzpyrene, and therefore are a feature of present day living we could well do without.

West Bromwich Clean Air Council

The Council was inaugurated in February, 1957, with the following objects.

1. To foster an interest in the abatement and prevention of air pollution from all sources.
2. To consider new developments in techniques in relation to fuel consumption and smoke prevention.
3. To stimulate an exchange of opinions between the Corporation, industry and the general public.

Since 1957 the Council have met on average three times a year, listened to a variety of distinguished speakers and discussed topics ranging over the whole field of industrial and domestic air pollution control. At the Annual General Meeting held in March it was considered that the objects of the Council could now be better achieved and extended by employing other means and it was agreed therefore —

1. That the Clean Air Council continued to meet annually in March to review activities of the previous year.
2. That the scope of the Council be enlarged to include pollution by noise.
3. That public meetings be discontinued except in special circumstances, to be replaced by a panel of speakers prepared to address any organisation or group, large or small, who may be interested in the control of pollution.

Later the Council heard a very interesting talk given by Dr. S. R. Craxford, Head of Air Pollution Research, Warren Spring Laboratory entitled "Air Pollution in the United Kingdom".

In April the Council were represented by the Secretary and Assistant Secretary at a Joint Meeting of Clean Air Advisory Councils held in Leeds. Other Councils represented were West Riding Advisory Council for Clean Air, Manchester Regional Clean Air Council, Derbyshire Clean Air Council, Warwickshire Clean Air Council, Midlands Joint Advisory Council, and Sheffield and District Clean Air Council. An extremely interesting exchange of views took place and it was decided in future that such meetings should be held annually.

Measurement of Pollution

The measurement of smoke and sulphur di-oxide proceeded at five sites with daily volumetric machines, three of which are of the eight port type. The average monthly pollution figures for the whole Borough are shown in the form of two graphs, comparison being made with the 1970 figures. The considerable fall in the smoke concentrations, particularly towards the end of the year, reflects the mild weather, while the reduced fall in sulphur dioxide proves once again that industry is the main source of this pollutant.

I am again indebted to those who co-operated in making measuring sites available at the following premises :—

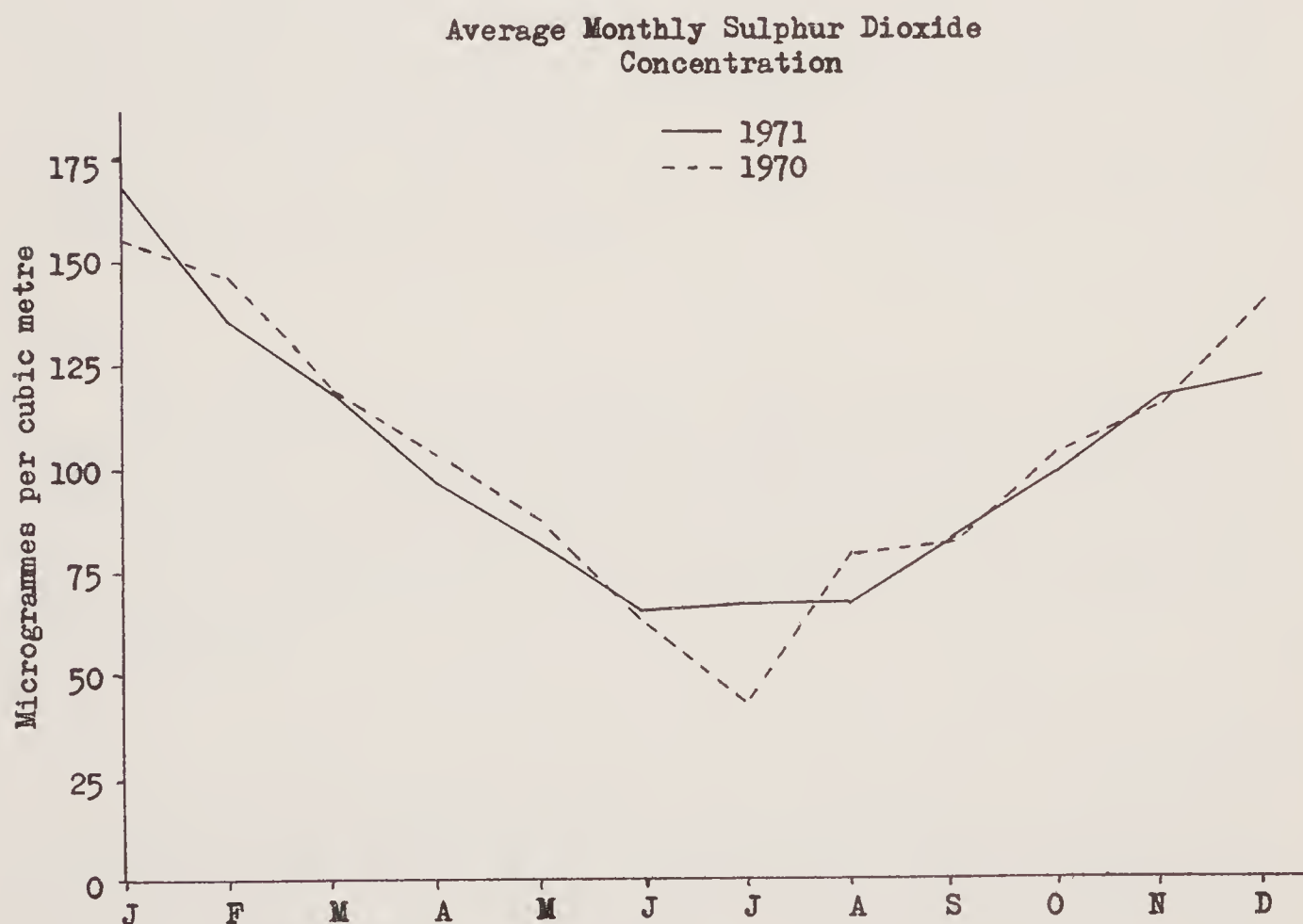
Chest Clinic, Heath Lane, West Bromwich.

Cemetery, Alexandra Road, Tipton.

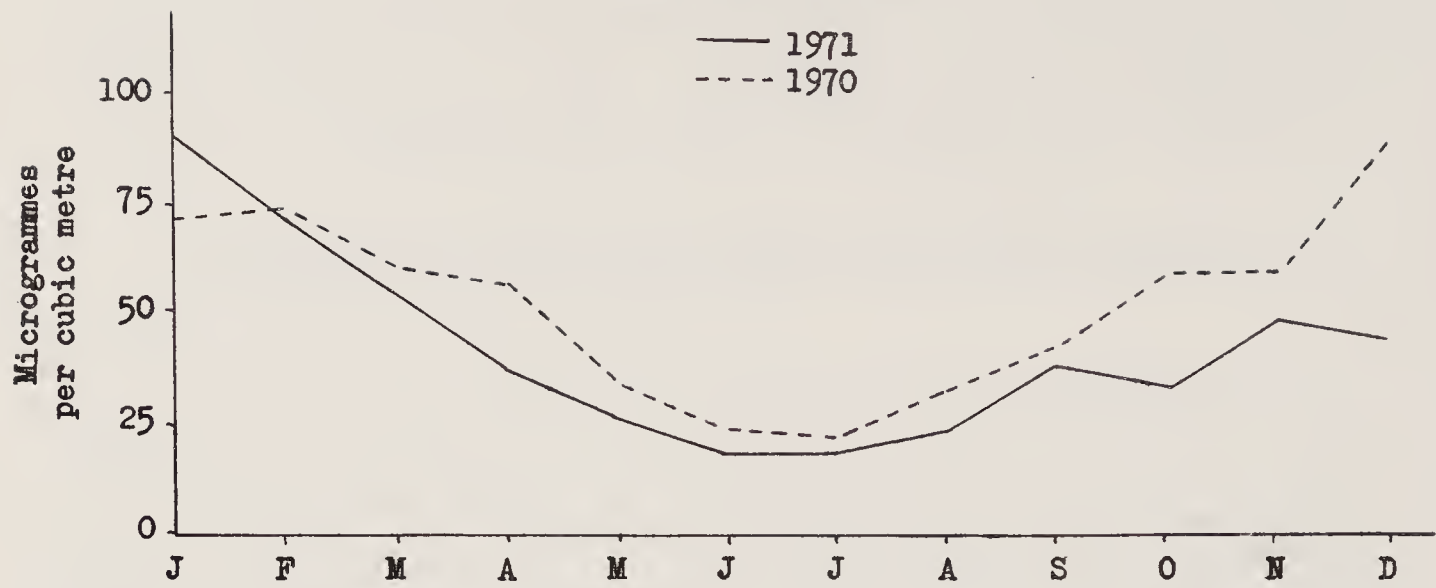
Grove Vale Junior School, Great Barr, Birmingham. 22a.

Also to Delta Die Castings Limited, Greets Green, West Bromwich, who make daily readings at their Nelson Works on our behalf.

During the year complaints of excessive pollution in various parts of the Borough were received. A portable daily volumetric machine kept for such purposes was set up in these areas for a few weeks at a time and comparison with our fixed sites made. In no case did the results for smoke or sulphur-di-oxide obtained from the portable machine exceed the measurements obtained on the daily instrument sited at the Town Hall, which is in a smoke control area.



Average Monthly Smoke
Concentration



General Noise

Sixty-two complaints of excessive noise were received and investigated. As always, noise nuisance is most noticeable late at night or in the early morning, so that a large number of visits and measurements were made outside normal working hours.

Section 75, West Bromwich Corporation Act, 1969, continues to be effective in reducing noise emitted from mobile air compressors and air powered tools. It was only necessary to institute proceedings in one instance and warnings to contractors regarding contraventions were rarely required.

All plans received by the Borough Engineer for building purposes are examined with a view to ascertaining if the proposed development is likely to increase noise levels in the area. In a few cases refusal of development is recommended while in others attempts are made to get machines resited or construction changed in order to reduce the possibility of nuisance. Visits have been made to firms operating outside West Bromwich and noise measurements were taken so that we were in a better position to appreciate special problems and make practical suggestions. This is work which takes up a considerable amount of time with little to show for the effort.

Discotheques and beat groups create problems as the noise produced usually continues until late at night when most householders wish to sleep. It creates most problems where the noise arises from licensed premises situated in otherwise comparatively quiet residential areas and is one more problem to be borne in mind at the planning stage of development.

A series of background noise levels were taken at a variety of sites throughout the Borough in order to provide evidence to assist the West Midlands Clean Air and Noise Advisory Council in their endeavours to get B.S.4142 amended. The measurements taken in West Bromwich indicate that the basic criterion of 50dbA, at present recommended, is too high.



“An Officer measuring road traffic noise”

Photograph by Courtesy of the Birmingham Evening Mail

Traffic Noise

The predominate source of outdoor noise in all urban areas is traffic and the Wilson Committee noted that people, particularly when at home, are much more disturbed by intrusive outdoor noise than by noise from internal sources. The maintenance and improvement of environmental standards is a primary concern of the Health and Hygiene Committee and it is essential, therefore, to be aware that this is a problem, measure it and do what lies in our power to control it. At present the problem of traffic noise is most urgent between 6 a.m. and midnight, but as the number of vehicles using the motorways and main roads gradually increases, it appears that more and more travelling will be done in the early hours of the morning, thus intruding still more into the hours that most people want to sleep.

At West Bromwich during 1971 we carried out two investigations

involving the measurement and assessment of the effect of traffic noise. The first was on land under consideration for residential development, and bounded on one side by an existing busy highway and on another by a ring road in the course of construction. The second investigation was undertaken on a site where occupants of existing dwellings had persistently complained that traffic noise from a nearby highway was a considerable nuisance to them.

Ideally, we would have wished to record the noise levels on tape and analyse it at a later date. Sophisticated equipment of this type was not available to us, however, and a Dawe Sound Level Meter (Type 1419B) fitted with an extension lead and windshield was used. No doubt the results obtained were not as accurate as could have been obtained by using more expensive equipment, they were, however, reasonably near to what other people had obtained with similar traffic flows and provided valuable information.

Although it is possible in the design of dwellings to insulate effectively against traffic noise by varying the design of the rooms, double glazing or using acoustic linings, few people wish to spend their leisure time at home entirely indoors. Consequently, measurements were taken externally at both sites. In any event accommodating inspectors and the noise measuring equipment for continuous periods from 18 to 72 hours, would have been too much to ask of any householder and also internal noise could have affected the results obtained.

Use was made of a mobile workman's hut to provide the necessary shelter from the elements while the microphone was set up at a distance of 25m from the centre of the nearest carriageway on the first site and 44m on the second. An attempt was made in both investigations to get as close to the traffic as reasonably possible in order to reduce the measurement of extraneous noise to a minimum.

Traffic noise fluctuates continuously so that it is necessary to take some average reading to be meaningful. The noise from an individual vehicle may well be the most disturbing, but it is not possible to measure the noise accurately without recording and analysing it. The noise level exceeded for 10% of the time (L10) is, therefore, taken as the maximum noise, and that exceeded for 90% of the time (L90) as corresponding to the general background noise level in the area. As it has been found in the case of traffic that the use of the "A" weighting at all intensity levels corresponds very well with subjective response, the noise was measured in dB_A.

The technique adopted was to select the maximum level it was anticipated would be measured and to note the number of seconds in a three minute period that this noise level was reached or exceeded. This involved the use of two stop watches, one which simply indicated the passage of the three minute period, and the second which was switched on, whenever, the sound level meter indicated the noise level selected was being reached or exceeded, and off once the pointer fell below this level. At the end of the three minute period the total time the selected noise level had been reached was noted. At the commencement of each hour the general idea was to choose a noise level which would not quite reach the 10% of the three minutes, i.e. less than eighteen seconds. The procedure was then repeated for a series of three minute periods, reducing the dbA level under consideration by 2db for each three minutes until the 10% and 90% levels were both discovered.

A specimen report of one hour readings was as follows:—

Noise Level Limit db (A)	Recording Time (in Min.)	Time for which Noise Exceeds Limit (In Secs.)	Percentage Time Noise Level exceeds Limit
72	3	4	2.2
70	3	16	8.9
68	3	21.2	11.7
66	3	51.5	28.4
64	3	94.7	52.6
62	3	165.1	91.7

With practice an inspector was quickly able to assess the probable 10% level and ensure that in the first three minutes the selected level for measurement was reached for approaching 10% of the time. The greater the amount of traffic the nearer together the L10 and L90 levels, and the higher the proportion of heavy commercial vehicles, the higher the readings obtained.

In the first investigation the measurements as described above were repeated every hour for two week days and throughout two week-ends, i.e. from Friday noon to Monday noon. Once the L10 and L90 levels had been noted each hour, the inspector on duty continuously recorded on tape for three minutes the noise level shown on the meter, these figures were later written down, averaged, and provided a surprisingly accurate check on the results obtained in the three minutes sessions. The final task each hour was to take a five minute traffic count of the vehicles passing each way, making particular note of the

proportion of heavy commercial vehicles. This vehicle count made possible a comparison with traffic noise levels recorded elsewhere in the country.

It was necessary to add 5dbA to the results to make up for the loss due to the use of an extension lead and a further 3dbA as at neither of our sites were we able to measure immediately in front of the building facade. Measurement 1m from the building facade is recommended wherever possible.

The period of three minutes was chosen with an eye on the traffic flow. With an increased traffic flow it would have been possible to reduce periods to two minutes, while with the reduced flow the period would have had to be extended considerably.

In our first investigation, measurements were taken through the whole twenty four hours. The amount of traffic passing fell off so much, however, during the hours from midnight to 6 a.m. that the results obtained were meaningless. Also, a social survey carried out by the Building Research Station shows that measurements averaged over the period 6 a.m. to midnight represent dissatisfaction better than those measured over twenty four hours. In view of this, we used eighteen hour readings and in the second investigation did not carry out any measurements between midnight and 6 a.m. It is interesting to recall that the complainants at the second site were not unduly worried by noise after midnight.

The use of L10 as the basis of a criterion as suggested in the Wilson Report gives a fair assessment of the nuisance caused and is simple to use. It has its shortcomings, however, which are unavoidable when an attempt is made to link objective measurement to subjective response. The Traffic Noise Index (TNI) has been put forward by the Building Research Station as one alternative criterion. This Index takes into consideration the difference between peak and background levels and is calculated from the formula $4(L10 - L90) + L90 - 30$, L10 and L90 having been measured as previously described. A third criterion, the Noise Pollution Level (LNP), suggested by the National Physical Laboratory, is calculated from the formula $L50 + d + \frac{d^2}{60}$, where $d = L10 - L90$. This criterion can be used to compare noise from various sources.

In spite of its shortcomings, we decided to use the L10 as our criterion because of its simplicity and ease with which the results

obtained could be explained. The TNI and the LNP were applied to some of the readings obtained for our own information and interest and the correlation between the three results obtained was fairly good. As a point of interest a L10 of 70dbA is approximately equivalent to a TNI of 74 and an LNP of 72.

Having decided to use L10 as our criterion, a second problem arose in deciding to what level of noise the inhabitants of proposed dwellings should be exposed. After we had completed our first investigation the Noise Advisory Council recommended to the Secretary of State for the Environment that existing residential development should in no circumstances be subjected to more than 70 dbA on the L10 measuring index, unless compensatory action is taken by the responsible authority. The Noise Advisory Council also stressed that 70 dbA was the limit and that whenever possible planners should design to the lower levels. Investigations previously carried out by the Building Research Station indicated that a level of 70dbA is considered excessive by 50% of the people living adjacent to a highway over a number of years. The use of 60dbA as a standard would approximate closely with the recommendations of the Wilson Report (i.e. a maximum internal noise level of 45 dbA in the day and 35 dbA at night for suburban/urban areas), allowing 15 dbA as the average insulation value of a dwelling of conventional construction. The cost in sterile land of applying such a standard would be enormous. We, therefore, recommended for adoption where new development is concerned a standard of 65dbA, which was a compromise between what is highly desirable and what is known to be unacceptable to the majority of persons.

As the 10% noise level is reduced by 6dbA each time the distance from the source is doubled, the effect of our recommendation was to prohibit residential development within 70m of the highway in use. On that side of the site bounded by the ring road under construction, it was necessary to resort to predicted noise levels using traffic flow for which the road had been designed. Using the same standard, the effect here was to recommend the prohibition of house construction within 105m of the new road.

Although the expected traffic flow on the ring road was slightly higher than the number of vehicles counted on the existing highway, this did not really account for difference between the 70m of open space recommended on one side of the site and the 105m recommended for the land adjoining the ring road. The existing road is in a shallow cutting with earth embankments so that some of the traffic noise was

absorbed or deflected. The ring road, however, is considerably elevated and there is no natural barrier or ground absorption to reduce traffic noise flowing across the site.

Barriers have some value under certain circumstances in reducing traffic noise apart from the obvious psychological advantage of preventing people from seeing the passing vehicles. Accordingly it was strongly recommended that consideration be given to raising the level of the site adjoining the main highway, thus forming a natural barrier to the transmission of the noise. Such a barrier providing it had no breaks and stretched the full length of the site could be of considerable value, e.g. a barrier 1m high would give a sound reduction of 8 dbA. at 60m. Alongside the elevated ring road the construction of a solid barrier was not possible but the erection of a lightweight barrier was recommended for psychological reasons.

The final recommendations applied to the design and layout of the proposed dwellings. For example, bungalow development was suggested in one area to obtain some benefit of ground absorption, while in general the design of all dwellings should be controlled as far as practicable to minimise the effect of traffic noise, i.e. bathrooms, kitchens, and similar rooms to face the source of the noise.

The second investigation involved an elevated highway built approximately 53m from a road of some existing semi-detached owner occupied houses, with a further road of similar dwellings another 45m away. The measuring technique used was as on the first site and the results for two days measurements on this site are given below.

Av.L10 for 18 hour period	Av.L10 outside first row of houses	Av.L10 outside second row of houses	Traffic Count		
			Total	Heavy	Light
76 dbA	74 dbA	69 dbA	33,660	27.2%	72.8%
75 dbA	73 dbA	68 dbA	31,770	28.6%	71.4%

Factories Act, 1961

	No. on Register	No. of Inspections	No. of Notices	No. of Prosecu - tions
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by L.A.	10	—	—	—
2. Factories not included in (1) in which Section 7 is enforced by L.A.	898	781	100	1
3. Other premises in which Section 7 is enforced by L.A. (excluding out-workers premises)	3	2	—	—
TOTALS	911	783	100	1

Cases in which defects were found

	Found	Remedied	Referred to H.M.I.	Referred by H.M.I.
Ineffective drainage of floors (S.6.)	—	—	—	—
San Conveniences (S.7.)				
(a) insufficient	1	1	—	1
(b) unsuitable or defective	98	76	1	6
(c) not separate for sexes	1	—	—	1
Other offences against the Act (not including offences relating to Out-Work)	—	—	—	—
TOTALS	100	77	1	8

Inspection of premises under the Factories Act has been regularly carried out as a statutory obligation. Sanitary conditions are improving but in cases where small alterations were required, occupiers experienced some difficulty in getting these works carried out. Generally management adopted a co-operative attitude. In only one instance was there difficulty in getting our requirements understood and the work put in hand.

Outworkers

A total of 205 outworkers are employed on carding of buttons, hooks and eyes, hair grips and similar light repetitive handwork.

FOOD AND DRUGS

*C.C. Wilkes,
Senior Public Health Inspector*

Ignorance, dirt and complacency are still met daily in food premises 16 years after the introduction of food hygiene regulations. Ignorance, not of the law, but of the basic recognition of clean and dirty. Dirt, not the result of day to day working, but which has accumulated over long periods. Complacency about the dangers of poor food handling and food hygiene.

Maggots in meat delivery vehicles; 50 dead wasps in January in a food manufacturers' premises, food placed so as to involve risk of contamination, 15'0" long cobwebs in a cinema and squalid conditions in some food shops. These are typical extracts from inspectors reports during the year.

Good food hygiene requires constant self examination and observation of conditions. It is significant how often food traders appear to be completely unaware of the deplorably low standards of hygiene around them. The standards we are striving to achieve are minimal. The law does not require sterile, operating theatre conditions. Premises must, however, be maintained in a clean condition and free from deposits and residues which have accumulated over a period of time.

Inspections too often reveal a disappointing degree of complacency. Food handlers often fail to realise the dangers which may arise from careless handling of food. A recent national survey shows that the number of hours lost through stomach upsets and food poisoning is twenty times that lost through strikes. A similar survey carried out in 1968 revealed that 9 million people suffered from food poisoning, stomach upsets and gastro-enteritis in one month.

Such figures emphasise that there is no room for complacency. All too often we find water heaters, wash hand basins and sinks which have been broken for months. Water — cold, because someone is too lazy to switch on a water heater. The acceptance of cats and dogs in food premises. The failure to notify the department of the presence of rodents and cockroaches. Approximately 1 in 6 toilets are dirty but could be cleaned with little effort. All are complacent attitudes which must be eradicated by health education or when this fails by the institution of legal proceedings.

One Thousand Two Hundred and Fifty Seven notices were sent to persons last year requiring the carrying out of works and in all but 30 cases, where legal proceedings had to be instituted, the works were carried out. This ready acceptance that works are required and that they are speedily executed reveals the degree of complacency referred to. The introduction of the new Food Hygiene (General) Regulations 1970 were of minor influence in the raising of standards of food hygiene. The long promised Regulations controlling the temperature at which foods must be kept are still awaited.

The current regulations, exempting food exposed for sale such as pork pies, left in warm shop windows, do little to prevent food poisoning and are almost impossible to enforce.

Food Hygiene (General) Regulations 1970

Table 1

Regulations	Offence	Result	Fine	Costs
Reg.16 (4 offences) 17 & 23	No. soap, towel, nailbrush at wash hand basin. Dirty w.h.b. Inadequate first aid and butchers prep. room not kept clean.	Convicted	£90.00	£3.15
16 (3 offences) 17 & 23	No soap, towel, nailbrush at the wash hand basin. Inadequate first aid. Dirty greengrocery preparation room.	Convicted	£75.00	£3.15
Reg. 16 (3 offences) 14 & 23	Dirty scales. Dirty sanitary acc. No wash hand notice. Dirty shop and storeroom.	Convicted	£105.00	£6.30
Reg.16 & 18	No cold water to w.h.b. Worn and insanitary sink.	Convicted	£6.00	£6.00
Reg. 6 (5 offences) 14(4 offences) 16 (3 offences) 17,19, 23 & 24.	Dirty pie cabinet, dirty beer funnel dirty beer pipes and fittings and dirty beer taps. Dirty sanitary acc. No hot water to w.h.b. Lack of soap and nailbrush. Dirty cellar sink. Inadequate first aid. Dirty bars and cellar. Acc. of refuse in cellar.	Convicted	£200.00	£6.30
Reg.6 (4 offences) 14 (5 offences) 16, 17, 19 (2 offences) 23 (2 offences)	Dirty equipment. Wooden surfaces to tables. Dirty toffee cupboard. No. i.v.s. to male & female san. acc. No wash hands notices, nailbrushes or towels in male & female san. acc. Lack of waterproof dressings. Cracked sink. Wooden draining board. Dirty food rooms.	Convicted	£260.00	£6.00
Reg. 7 (2 offences) 21 & 25	Dirty potato cleaner. Potato peeler not in good order etc. Def. floor. No hot water to sink.	Convicted	£40.00	—

Food Hygiene (General) Regulations 1970 - continued :

Regulations	Offence	Result	Fine	Costs
Reg. 6 (18 offences) Reg. 8, 17, 19, 21 14 (5 offences) Reg. 16 (4 offences) 20 (3 offences) 23 (12 offences) 25 (7 offences)	Dirty surfaces & equipment. Dirty food rooms. Dirty sanitary acc. Food exposed to risk of contamination. No wash hands notice. Dirty sink & wash hand basin. Inadequate lighting and ventilation. Dirty cellar, store rooms and fridges. Acc. of refuse. Bread trays placed so as to involve risk of contamination.	Convicted	£364.00	£81.00
7(7 offences) 16 (4 offences) 18,21, 25 & 26	Cleanliness & construction of articles of equipment & surfaces. Dirty san. acc; Inadequate lighting & ventilation to san. acc. No wash hands notice. No hot water to sink. Dirty food room. Acc. of refuse.	Convicted	£149.00	£6.00
Reg. 7 (4 offences) 16(2 offences) 18,19,24 (3 offences)	Dirty cooker and equipment, Dirty pans and fridges. Dirty san. acc. No nailbrush. Inadequate first aid. Dirty food rooms.	Convicted	£150.00	£15.00
Reg. 25 (5 offences)	The floors, walls, etc. of various food rooms not kept clean.	Convicted	£50.00	£6.00
Reg. 14 25 (6 offences)	Dirty san. acc. Dirty floors and walls in various food rooms	Convicted	£14.00	£6.00
Regs. 7, 16, 25	Dirty food room and equipment. Dirty sanitary acc.	Convicted	£60.00	£6.00
		TOTAL	£1563.00	£151.00

Delivery Vehicles and Mobile Traders

Despite four years of operation of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 many traders are still using food vehicles in complete ignorance of the legal standards.

Dirt is often the main problem and inadequacy of proper cleaning is regularly met with during inspections. The size and construction of vehicles is such that keeping them clean should present no problem and because of this dirt is inexcusable. Over the last year an effort has been made to bring vehicles up to at least the legal minimum

standard and this can be seen from the increase in inspections from 175 to 347.

There is perhaps a disproportionate number of food vehicles operating from the many food manufacturers and slaughterhouses within the Borough. This, together with the number entering the Borough to deliver to shops gives some indication of the enormous task in attempting to inspect all vehicles on a regular basis.

During the year two local companies invited the staff to lecture to their van drivers and this opportunity was welcomed, as close liaison with the trade often helps to raise standards. An example of this was when inspectors were invited to comment on the design of a new meat delivery van. As a result several important improvements were incorporated in the design of a new fleet being produced for a local company by one of the country's largest suppliers of food vehicles.

The hot dog trolley, still with us in 1971, is something of an anachronism and it is impossible for a trolley to comply with the regulations so far as screening to protect food and proper facilities for washing hands and equipment.

Inspections show that these trollies fail to meet any reasonable standard and are merely paying lip service to the law. Very often they carry minimal amounts of warm water with small plastic wash bowls. It is totally unreasonable to expect such equipment to be of any practical value. The law requires that such trollies are properly screened but in practice this is never found and unfortunately they are usually situated on main roads where contamination from road dust and dirt is inevitable.

The itinerant hot dog and ice cream salesman is a problem both from the difficulty of inspection and the lack of training of staff. All too often operators are given no training or instructions on food hygiene before being "put on the road" by their employers. Owners of such fleets bear part of the responsibility to ensure that vehicles and trollies comply with regulations.

Smoking is still a serious problem with many mobile traders and unfortunately salesmen will not cease what is a dirty and unhygienic habit when handling food. Two prosecutions were taken during 1971 against persons smoking whilst handling food from delivery vans.

The following table gives details of prosecutions made under the

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 during 1971.

Food Hygiene (Markets, Stalls & Delivery Vehicles)
Regulations 1966.

Table II

Regulations	Offence	Result	Fine	Costs
Reg. 8	Smoking whilst handling food	Convicted	£5.00	£6.00
Reg. 16(2 offences) & 17	No hot water. No nailbrush and no first aid	Convicted	£60.00	£6.00
Reg. 5,13,18 & 16 (2 offences)	Dirty vehicle. Wrong name and address. No hot water and nailbrush to wash hand basin. No container for waste.	Convicted	£30.00	£6.00
Reg.5,6,7,8 13, 16 & 18	Dirty vehicle. Dirty can opener. Exposing food to risk of contamination. Dirty hands. No name and address on vehicle. No hot water to wash hand basin or sink.	Convicted	£50.00	£6.00
Reg. 8 (2 offences)	Smoking whilst handling food. Dirty hands.	Convicted	£20.00	£6.00
Reg. 5 & 13	Dirty vehicle. No name & address	Convicted	£25.00	£5.00
Reg. 5	Dirty vehicle	Convicted	£25.00	£6.00
Regs. 5,7,17, 22, 16 (2 offences)	Dirty vehicle, food exposed to risk of contamination. Lack of hot water to w.h.b. Inadequate first aid. No receptacle for waste.	Convicted	£50.00	£6.00
Regs. 5,13,16 & 18	Dirty vehicle. No name & address No hot water. Dirty sink.	Convicted	£35.00	£6.00
Reg. 5 (2 offences) 16 (3 offences) & 17	Vehicle not kept clean and not in such condition to enable it to be cleaned. No suitable w.h.b. No hot water and no nailbrush, soap & towels. Inadequate first aid.	Convicted	£90	£5.00
Reg. 5 & 16 (2 offences)	Dirty vehicle. No hot water or nailbrush	Convicted	£15.00	£6.00
Reg. 5	Dirty Meat van	Convicted	£35.00	£6.00
Reg. 5	Dirty Meat van	Convicted	£40.00	£6.00
Reg. 5,13,23	Dirty Meat van. No name & address. Dirty duckboards	Convicted	£25.00	£6.00
Reg.5, 16,17	Dirty bread vehicle. No hot water Inadequate first aid.	Convicted	£30.00	£6.00
Reg. 5,13	Dirty delivery vehicle. No name and address	Convicted	£35.00	£6.00
Reg. 5	Dirty Meat van	Convicted	£20.00	£6.00
		TOTAL	£590.00	£100.00

Food Complaints

One great mystery will always be the man who informs the police of the theft of his wallet, but fails to report to the Public Health Inspector the sale of mouldy food to his family. Both are offences against the community and the law. The police may catch the thief and prevent further robbery, but a complaint of unsound food invariably results in rigorous investigation, probing of systems and safety measures, and an all round improvement of standards. Only occasionally does a prosecution result and even then the complainant is rarely required to provide evidence. Cases are not taken unless the witnesses are quite willing to attend Court.

Thus no one need fear reporting unsatisfactory purchases of food, on the contrary, their action will help prevent further sales of the article to the very young or an unsuspecting customer.

Yet, there are many instances where customers have repeatedly been sold unsound articles and simply returned them to the store the next day. It is only in desperation that they appear with the latest item to complain. Almost apologetically they say they wouldn't complain, but, "this is the sixth time this year I have brought mouldy food there!" Misplaced loyalty is undoubtedly a factor in this reluctance. Others may be fear of reprisals, fear of courts or officials. Many products carry words such as "Guarantee of Satisfaction", offering purchasers of defective goods a refund in return for the offending article. With today's food prices this requires courage to ignore.

An interesting point which emerges from the years complaints is that only 24% came from outside the old Borough of West Bromwich. This may be because the inhabitants of Tipton and Wednesbury find the present Town Hall too far to travel. This should be a pointer to those who would remove food and drugs work to the re-organised County Administration. Food control is one subject and should not be split between District and County Councils.

Statistics, however are of little meaning in this aspect of food safety. The Chief Constable's task of examining his "crime rate" is relatively simple. He is at least sure that the majority of crimes are reported, and can therefore make mathematical comparisons from year to year. Reports have increased of unsound food sales. In 1966 only 39 complaints were received, this has swollen to 71 in 1970 and 124 in 1971. This reveals either an increase in public demand for safe food or an appreciation that action is taken when complaints are made.

This is encouraging to those who are trying to stimulate the general public to criticise openly what they consider to be inadequate and develop a response on the part of all handlers of food.

Food and Drugs Act, 1955 Sections 2 & 8 Table III

Section	Offence	Result	Fine	Costs
Sec. 2	Milk containing drosophylla buskii	Convicted	£25.00	£6.00
Sec. 2 (2 offences)	Mouldy chicken and mushroom pies.	Convicted	£20.00	£6.00
Sec. 8	Mouldy Beans in tomato sauce-perforated can from long storage	Convicted	£20.00	£6.00
Sec. 8	Unfit bacon	Convicted	£50.00	£6.00
Sec. 2 (3 offences)	Stale chocolates	Convicted	£30.00	—
Sec. 8	Exposure of unfit food	Convicted	£50.00	—
Sec. 8	Possessing unfit food	Convicted	£20.00	—
Sec. 2	Mouldy Bread	Convicted	£10.00	£6.00
Sec. 2	Cement in milk	Convicted	£10.00	£6.00
Sec. 2	Mould in milk bottle	Convicted	£35.00	£11.00
Sec. 2	Dirt & flies in school milk	Convicted	£35.00	£6.00
Sec. 2	Mouldy apple pie	Convicted	£15.00	£6.00
Sec. 2	Mouldy Meat pie	Convicted	£15.00	£6.00
Sec. 2	Mouldy bread	Convicted	£20.00	£6.00
Sec. 2	Mouldy cheese	Convicted	£10.00	£6.00
Sec. 2	Metal in flan	Convicted	£20.00	£6.00
Sec. 2	Fibre in bread	Convicted	£15.00	£6.00
Sec. 2 (6 offences)	Mould in milk bottle	Convicted	£30.00	£17.30
Sec. 8	Mouldy meat & potato pie	Convicted	£25.00	£6.00
Sec. 8	Exposure for sale of unfit food	Convicted	£32.00	—
		TOTAL	£487.00	£112.30

Food Hygiene Education

Encouraged by the success of the Clean Food Exhibition and the Handbook “Food and Drink in West Bromwich” this important side of the Food Hygiene Section’s work was greatly extended during 1971.

In addition to the routine advice and assistance given by Public health inspectors to food handlers and traders two courses of formal

lectures were organised. These courses were held at the College of Commerce and Technology, Rigby Street, and prepared students for the Royal Society of Health Certificate in Food Hygiene. This innovation was welcomed by the local food industry and it filled a serious gap in the training of food handlers. Inspectors also gave several lectures on food hygiene to various trade groups including licensed victuallers, delivery vehicle drivers, meat products workers and retail fruiterers. Five bulletins were prepared by the department during the year for distribution to various food trades. These gave advice on special hygiene problems such as glass washing in licensed premises, hygiene precautions to be taken by meat products van salesmen and the care of canned foods. These have proved extremely useful and several food companies have expressed their appreciation of this service.

There are a few major food concerns who make extensive efforts to train personnel in clean food handling techniques. Regrettably, however, there is a very high turnover of staff in the food industry and it is, therefore, necessary that training is improved so that every person entering the trade must at least pass through an induction course of basic food hygiene. Public Health inspectors would be delighted to encourage and co-operate in such training schemes.

To foster the increasing public interest in better standards of food and food hygiene, lectures to housewives groups have been provided and well received. Publicity stickers are used on correspondence from the department and the support of the press in publicising information on the hygiene of shopping and the care of food in the home is greatly acknowledged.

Public Health inspectors however numerous or diligent cannot visit shops as often as the housewife with her purse — she holds in her hand the strongest sanction — to withdraw her support from unsatisfactory premises.

Food Control

During the year there has been a complete reorganisation of the food sampling programme.

West Bromwich is a large food manufacturing area. There are 35 food manufacturers producing a wide range of products. Of 399 samples taken during the year, 211 were manufactured within the Borough.

Of these, only four failed to meet the required standards. Three of these samples were only slightly low in meat content. Subsequent formal samples proved to be satisfactory. These figures represent a high standard which one hopes will be maintained. In fact, the overall sampling figures are highly satisfactory, only 1.2% of the samples taken failing to meet the required standards.

Inspectors are called upon regularly to inspect unsound food. The amount of frozen food condemned due to refrigerator breakdowns continues to rise. This is one aspect of the work which is least rewarding but is a service which must be continued.

<u>Type of Premises</u>	<u>Tons</u>	<u>Cwts</u>
Meat at Retail Shops		3
Cooked meats and meat products		1½
Canned meat		9½
Other canned food		10½
Frozen foods	3	16
Fresh fruit and vegetables	4	0
Other	1	12
	10	12½
Total Weight Surrendered in 1970 :	10	8

Milk

The number of dealers licensed under The Milk (Special Designations) Regulations, 1963–65 at the end of the year was 231.

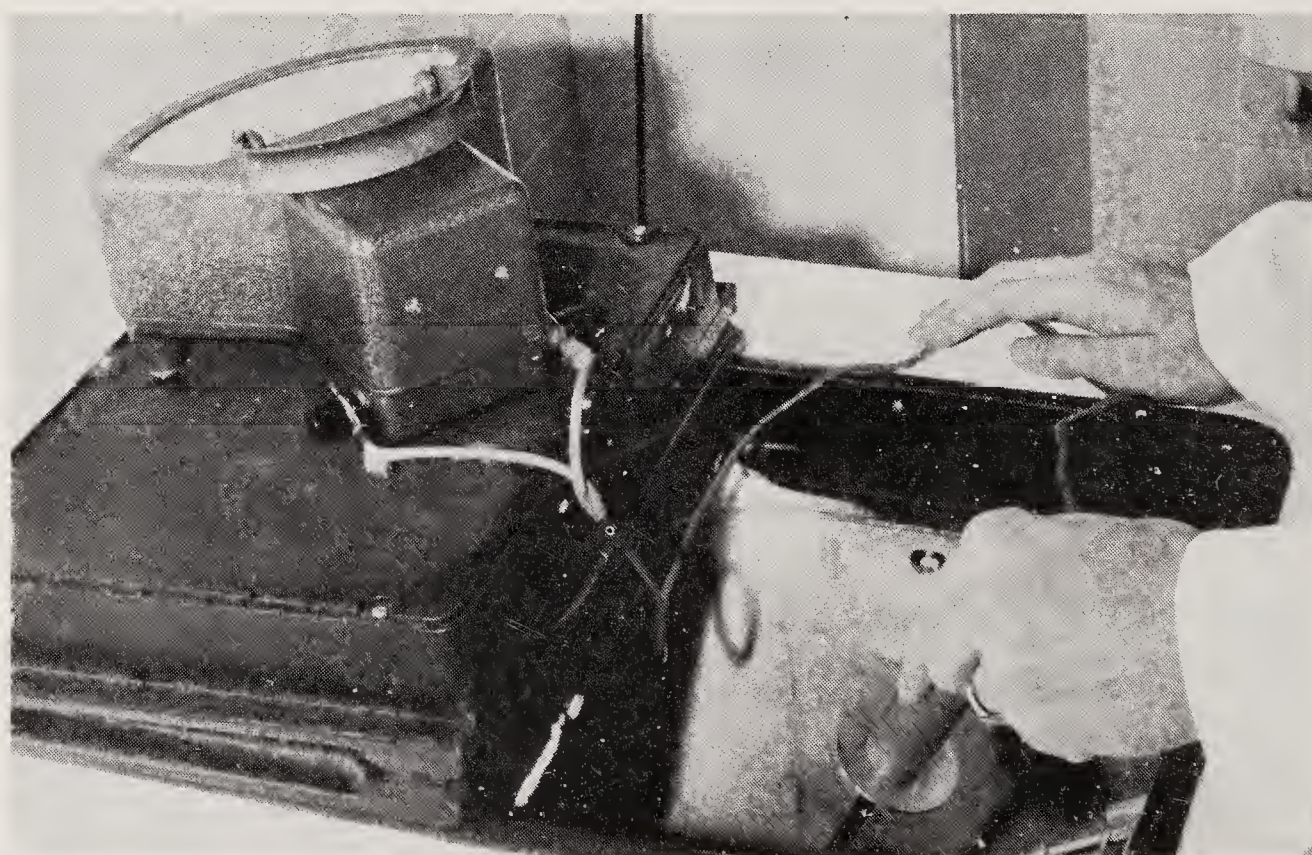
Imported Food

The importation of food in bulk containers has led to increased duties within the Food Section.

Food, previously inspected at the docks, arrives in unopened containers at two premises within the borough when an inspection is carried out.



A Public Health Inspector uses his knowledge and training in the visual examination of canned foods.



A Public Health Inspector is assisted by the use of modern scientific instruments. An instant-reading thermocouple thermometer being used to check the storage temperature of ice cream.

Offices, Shops & Railway Premises Act, 1963.

1. Registration and General Inspections

In spite of a rise in the number of premises registered during the year to over 100, the records show a decrease in the total number of premises registered. This is due to an updating of records which have been assembled since 1963.

Class of Premises	No. of Premises Registered During 1971	Total No. of Premises Registered at the end of 1971	Registered Premises Receiving General Inspection During 1971
Offices	31	309	223
Retail Shops	62	769	478
Wholesale Shops/ Warehouse	1	49	28
Catering Establishments	7	218	93
Fuel Storage Depots	—	5	—
TOTALS	101	1350	822

2. The number of visits, of all kinds, to premises registered under the Act was : — 2088

3. Analysis of persons employed in Registered Premises at the end of 1971.

Class of Premises	No. of Persons Employed
Offices	3657
Retail Shops	3872
Wholesale Shops/Warehouses	758
Catering Establishments	1335
Fuel Storage Depots	44
TOTAL	9666

4. Notification of Accidents

Any accident involving death, or disability preventing normal work for 3 days or more, must be notified.

Twenty-eight notifications were received during the year and investigations carried out when necessary. As a result of one investigation legal proceedings were instituted against a company for allowing a young person to clean a gravity fed slicing machine. The Company

were fined £50 for the offence. The Company were under the impression that they had only to instruct and supervise the youth in this kind of work.

The law is quite specific. Many accidents occur when food slicing machines are being cleaned and the Act requires that no “young person”, i.e. under the age of 18, shall clean any machinery of this type.

Representations have been made by this department to the Department of Employment and Productivity to amend the Act to include sharpening as well as cleaning.

Offices, Shops and Railway Premises Act, 1963 Table IV

Section	Offence	Result	Fine	Costs
Secs. 10 & 8	Defective lighting and dirty washing facilities.	Convicted	£20.00	—
Secs. 4, 8 & 10	Dirty store room. Defective lighting to lobby & dirty washing facilities.	Convicted	£30.00	—
Secs. 8, 24, 9(2 offences)	Inadequate lighting in cellar passage and 2 W.C's. Inadequate first aid.	Convicted	£40.00	—
Secs. 4 & 16	Dirty ceiling to washroom Broken quarry floor	Convicted	£6.00	—
Sec. 4 (2 offences) 6, 16,24,50 & 8(3 offences)	Dirty rooms, lights and windows. Defective floors and light fitting. No thermometer, first aid or abstract.	Convicted	£50.00	£6.00
Sec. 4 (9 offences) 16(6 offences)	Dirty floors, walls and ceilings in various rooms and passages. Worn and broken floor surfaces. Rest room not kept clean.	Convicted	£75.00	—
Secs. 17 & 50	Gravity fed slicer not properly guarded. No abstract	Convicted	£25.00	—
Sec. 18	Allowing young person to clean gravity fed slicing machine.	Convicted	£50.00	£6.00
Sec. 16 (2 offences) 8	Dirty windows. Dangerous stair treads. No handrail	Convicted	£30.00	—
Sec. 4 (2 offences) 16 (2 offences) 17 & 49	No handrail. Dirty passages Machinery not guarded. Not registered	Convicted	£20.00	—
		TOTAL	£346.00	£12.00

MEAT HYGIENE

Meat is a vital and valuable food and its basic processing and preservation by drying, smoking and salting has been established from time immemorial. Now, more than ever, the production, processing and distribution of meat must keep pace with the growth of population and population.

Because of the value of meat as a food none should be wasted through mishandling, and to this end every action in slaughterhouse practice must be within the context of meat hygiene and temperature control. Any education within the trade should be towards the development of first class slaughterhouse practice with strong statutory regulations as a framework for that education.

In order to ensure, as far as possible, a safe meat supply in this area there has been a staff of 11 Inspectors (for details see "staff") working at the five private slaughterhouses operating during the past twelve months. All meat animals slaughtered at these premises have been subject to a rigorous post-mortem inspection as required by statute and hygienic control of the premises has been strict.

The Meat Hygiene and Control Section have also assisted producers in many ways not the least being in the roll of an advisory service, and co-operation from the trade has been excellent.

The expansion of the industry continues with Companies not only looking towards home markets but to the E.E.C. and world markets, and this has been apparent from the large scale extensions commenced at three slaughterhouses and in one, completed. New and extensive refrigerated space and mechanisation of slaughter lines are features of the improvements.

For each of these developments "new" slaughterhouse licences have been sought and obtained from the Ministry of Agriculture, Fisheries and Food.

In addition to the major works of improvement a considerable amount of other improvements and maintenance work has been achieved during the year. With all this expansion and building work in progress it has been a very difficult year to maintain 'throughput' without a loss of production and yet achieve high standards of hygiene under the

most trying conditions. This has only been made possible by constant liaison with management and being able to deal with problems before they actually arise.

Because throughput has been kept at a very high level during the year staff resources have at times been very much extended especially during holiday periods and times of sick leave, about 8,800 animals per week have been slaughtered at the various private establishments showing an increase of 0.9% on last year's kill.

Unfortunately one slaughterhouse, an old family business, had to close during the year and so in a year of considerable expansion there was this one sad note of contraction, and therefore in comparing kill figures for 1970 and 1971 it must be remembered that for at least half of 1971 there were only five slaughterhouses in operation as compared with six the previous year.

We are fortunate in West Bromwich that the slaughterhouses are privately owned and therefore not a burden to the rate payer, except through the cost of meat inspection and this burden was eased owing to the Government allowing Local Authorities to increase their meat inspection charges through the introduction of the Meat Inspection (Amendment) Regulations 1971.

Also, a change in our present slaughterhouse legislation is envisaged through the Agriculture (Miscellaneous) Provisions Bill introduced to Parliament in November, 1971. Through this legislation Local Authorities in England and Wales will be relieved of any requirements to secure adequate slaughtering facilities in their districts. It also provides for Local Authorities to grant or renew slaughterhouse licences without reference to the Ministry of Agriculture, Fisheries and Food.

This proposed legislation may mean a reduction in the number of slaughterhouses operated by Local Authorities and an increase in private slaughterhouses with the Local Authorities exercising independent control over licensing.

In days gone-by a Meat Inspector could easily determine by the unpleasant smell emanating from a carcass whether or not 'medic' had been administered to an animal before slaughter. Now, with modern drugs such as antibiotics and cortisones etc. there is no way of ascertaining to what extent treatment might have been given to an animal before slaughter and if such treatment has been given, at what levels the

drugs might be present in carcass tissue. Surely the Government must look at this omission in the law and legislate accordingly, a time limit on the use of drugs administered to animals before slaughter would be of considerable help, so would a signed declaration of health for casualty animals.

In West Bromwich I am pleased to record, with the co-operation of the trade, such a signed certificate is obtained.

It is of interest to note that during the year four cases of bovine tuberculosis were recorded and in all cases the spread of the tuberculosis was generalised and required total condemnation of the carcasses. The animals in question were of Irish origin and confirmation of the disease was obtained from the Ministry of Agriculture, Fisheries and Food (Animal Health Division) full information was supplied to the Ministry in order that the source of infection could be determined.

The continued co-operation of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food is greatly appreciated and welcomed.

The Improvement in the staff structure of the Meat Hygiene Section has been successful and greatly appreciated, not least by the management in the trade, and it has brought about a greater uniformity in inspection and permitted better staff control.

Looking towards the expansion of the industry extra demands are bound to be made on the Meat Hygiene Section and, therefore, to meet those demands the recruitment of extra staff has been provided for by the Council in the coming year, to ensure the quality and continuity of our meat inspection standards.

Looking further into the future, we are on the brink of Local Government reorganisation and European trading and the future of the meat industry and slaughtering control appears to be somewhat indeterminate, there being one set of standards for the home market and another for Europe.

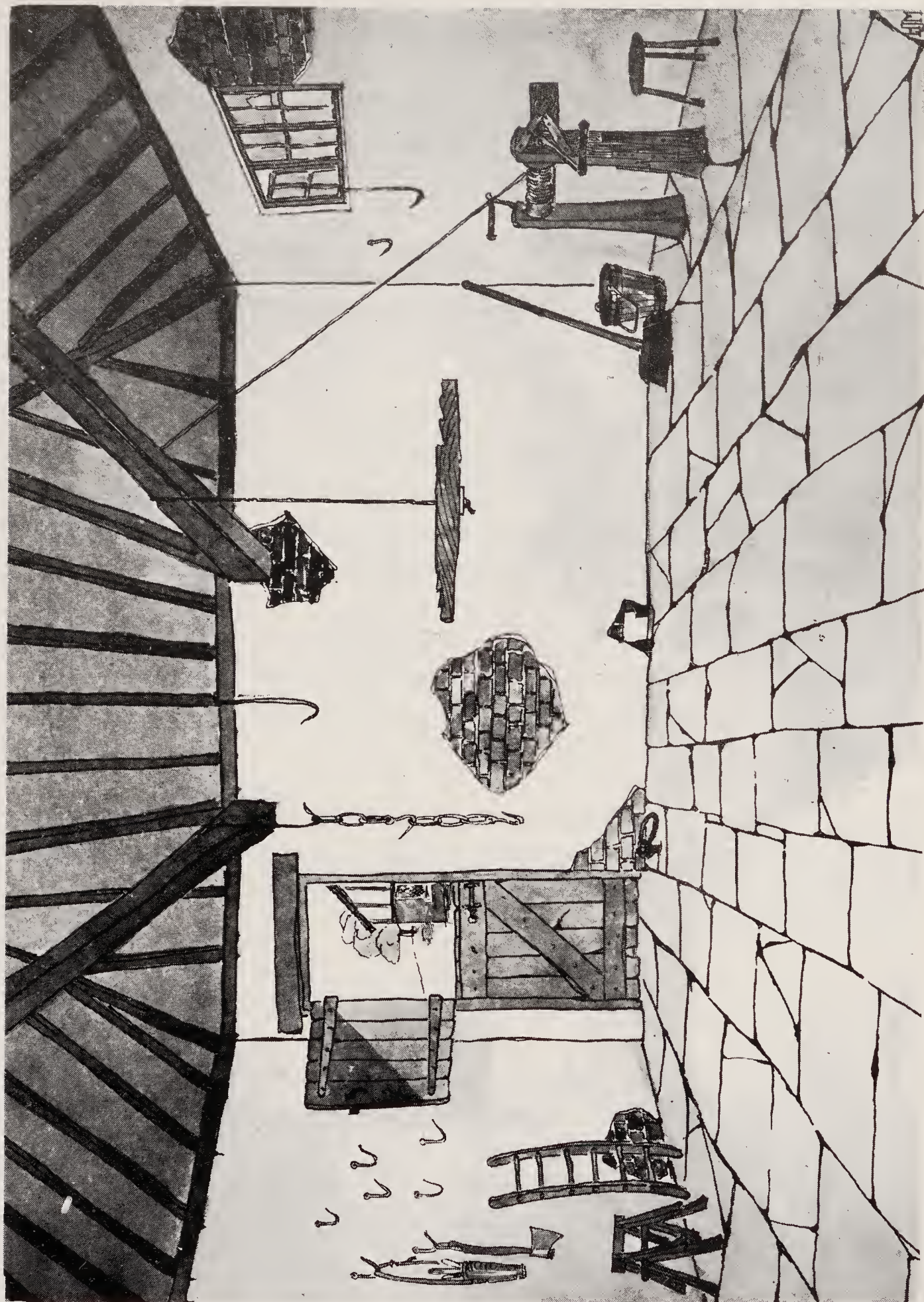
The transport of fresh meat in refrigerated vehicles has reached a higher standard in the past twelve months by the acquisition of newer and better vehicles by the larger companies. This, to some extent has been of necessity because of the greater distances over which meat has got to travel in this modern age. Although there has been some notable

improvements in this field, much has still to be done, especially in the construction and insulation of vehicles to withstand the constant vibration of travel over many thousands of miles of different road surfaces. Temperature readings in refrigerated vehicles can show many variables due to deterioration of vehicle insulation. Also there is a need for improvement in the transport of meat over short distances especially by the butcher who thinks that his family car is sufficient for this purpose.

The past year was exceptional in the length and quality of the summer with long periods of hot weather. Unfortunately the meat industry in this country is not really geared to cope with such weather conditions and it was a constant unpleasant experience to see large quantities of meat condemned because of decomposition accelerated through lack of temperature control. When will the value of temperature control be fully appreciated by the meat trade?

How often one sees the appalling waste of meat through decomposition and subsequent condemnation, because there has been no temperature control in the cutting and manufacturing rooms and in the eventual transport of meat. Incipient decomposition is obviously encouraged in uncontrolled room temperatures that are optimum for bacterial growth, and also in vehicles with temperatures, in spring and summer, even in this country, well within this range. One has only to drive in an unventilated car in the summer to realise what the condition of meat and meat products will be when transported in metal constructed vans without insulation and refrigeration. It would be a great step forward to see our legislation contain requirements of temperature control in all phases of meat preparation and transport.

One must smile, if it were not so serious, at the faith and hope of the shopkeeper who places meat in chilled and frozen window display units, with the lie that this particular food has a shelf life of ex number of days, when it has been transported to the shop at temperatures between 70° and 80° F. Is it any wonder we have to deal with many complaints of mouldy meat products.



An artist's impression of a converted dwelling-house which served as one of the Slaughterhouses in West Bromwich at the turn of the century.

Meat (Sterilisation) Regulations, 1969

The Ministry of Agriculture, Fisheries and Food issued a Circular FSH6/71 on the 28th September, 1971, giving guidance to Local Authorities on the interpretation of the Meat (Sterilisation) Regulations, 1969, particularly with regard to the transport of unfit meat.

This matter has caused us some concern in West Bromwich, and a guarantee is required that unfit meat will be taken direct to a processor in a locked vehicle or in a sealed container which will only be unlocked at the processor's premises.

In our opinion the word 'direct' is of supreme importance here and there is a serious loop-hole in the Regulations which allows for the unloading and loading of a locked vehicle carrying unfit meat at various points before the processor's premises are reached.

The Regulations would be much stronger and Local Authorities better able to carry out the general intention of the Regulations if the word 'direct' preceded the opening words of Regulation 6 (b) —“to any processor for sterilisation by him”.

There are three principal firms who remove by-products and unfit meat from slaughterhouse premises in the area, and unless breakdowns interfere, daily removals are maintained in accordance with the provisions of the Regulations.

Carcases Inspected and Unfit Meat Surrendered

	Cattle excluding cows	Cows	Calves	Sheep	Pigs
Number killed & inspected	25,595	77	1,508	83,707	345,491
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole Carcases rejected	5	1	16	54	689
Carcases of which some part of organ was rejected	9,442	54	22	6,782	145,303
Percentage of the number inspected affected with disease other than Tuberculosis.	36.8	70.0	1.4	8.1	42.0
TUBERCULOSIS ONLY					
Whole Carcases rejected	4	—	—	—	2
Carcases of which some part or organ was rejected	—	—	—	—	4,644
Percentage of the number inspected affected with Tuberculosis.	.002	—	—	—	1.3
CYSTICERCI					
Carcases of which some part or organ was rejected	10	—	—	—	—
Carcases submitted to refrigeration	10	—	—	—	—

Percentage of Food Animals affected by Tuberculosis

	1968	1969	1970	1971
Cattle excluding cows	—	0.014	0.004	.002
Cows	0.05	—	—	—
Calves	—	—	—	—
Pigs	1.89	1.5	1.03	1.3

Summary of Carcasses Inspected

	1968	1969	1970	1971
Cattle (excluding Cows)	22,662	21,587	23,726	25,595
Cows	1,692	111	173	77
Calves	2,078	1,999	1,853	1,508
Sheep	106,979	89,180	84,414	83,707
Pigs	268,621	299,090	341,046	345,491
TOTALS	402,032	411,967	451,212	456,378

Total Weight of Meat and Offal Surrendered as unfit for human Consumption.

	1968	1969	1970	1971
Tons	270	265	248	311

Slaughter of Animals Act, 1958

On the 31st December, 1971, there were 63 slaughtermen licensed by the Council under the above Act. All are engaged in licensed slaughterhouses operating within the Borough. A symposium of humane killing and slaughterhouse techniques was promoted by the Universities Federation for Animal Welfare and held in London on the 20th January, 1971. This subject was further high-lighted during the year with a move from certain Local Authorities seeking support against ritual slaughter.

Perhaps we have reached the stage where the whole question of humane slaughter of animals and our present legislation and, in particular, with regard to licensing of slaughtermen, should be reviewed after a carefully planned, centrally sponsored research into methods of slaughter in order to ascertain which are the most humane, and legislate accordingly.

Poultry Slaughterhouse

There is one large poultry processing plant with an output in 1971 of 539,125 birds.

Chickens	196,377
Hens	334,001
Turkeys	8,747

Of these birds 3,900 (comprising 5½ tons) were rejected as being unfit for human consumption. There was a remarkable increase of throughput from 1970 of approximately 100,000 birds (25%).

This increase has been brought about by the installation during the year of more modern equipment and the re-design of the slaughtering line, thus enabling a greater output within the same building area.

One piece of equipment installed at these premises during the year, was an electrical automatic stunning cabinet, constructed of stainless steel with a 240v . stun input. This cabinet has improved the stunning technique at the factory with a better margin of safety for the operators. Much of the electrical stunning equipment in use at poultry slaughtering establishments gives rise to considerable concern both from efficiency and safety to users and has caused Her Majesty's Chief Inspector of Factories to comment about these instruments in his latest annual report. I am therefore particularly pleased to see the introduction of this new type of stunning equipment at this processing plant in West Bromwich.

At these premises where a large throughput is maintained, hygiene is good and poultry inspection is carried out on the lines indicated in the Ministry of Health Circular 22/61 which allows for a system of scrutiny by the industry under the general oversight of the Local Authority. The success of this system is made possible by frequent and regular visits to the poultry plant and by the full co-operation of the processor concerned. However, the increase of kill by this large amount only strengthens the need for a specialised Inspector of Poultry and to cater for this problem the Council have provided for such an Inspector to be appointed during 1972.

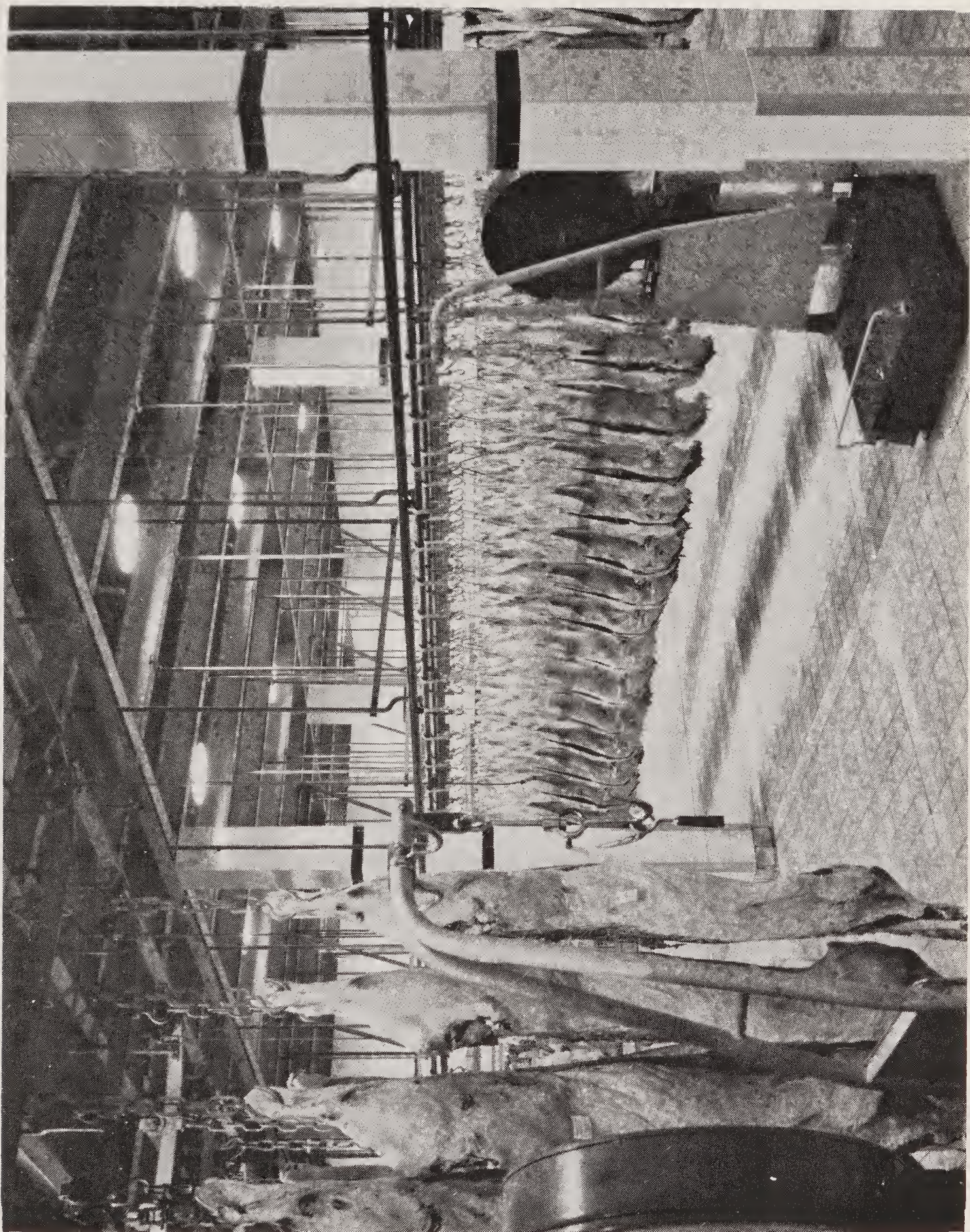
The question of need for poultry inspection has caused some considerable controversy through the year and one hopes that with reorganisation we shall see Legislation requiring the statutory licensing

of poultry slaughtering establishments and a statutory inspection of poultry.

The number of premises where slaughter of poultry, in particular for Muslims, is known to take place has been considerably reduced during 1971 from 12 to 4. This is very satisfactory as most of these small premises are general shop/slaughter premises where extra special care in hygiene is required to avoid cross contamination from slaughtering to other foods. I would like to see this type of small slaughtering premises which are an obvious danger to health, concentrated under one roof where hygiene and inspection can be properly enforced.

A feature of these premises is that individual birds are sold alive to be taken home and slaughtered there, basically for ritual or religious reasons, and one problem in this type of sale arises with the Disease of Animals (Live Poultry) Restrictions Amendment Order, 1971 which requires that live birds delivered to premises for re-sale shall be kept for 28 days, one can imagine the difficulties in the enforcement of this legislation when applied to these small premises.

The Slaughter of Poultry (Humane Conditions) Regulations, 1971 became operative on the 1st August, 1971 and they have been made to secure humane conditions and practices in connection with the slaughter of poultry for human consumption. All premises within the County Borough known to be connected with the slaughter of poultry have been inspected for compliance with these regulations.



The interior of a modern abattoir in West Bromwich

SPECIAL SERVICES

Wm. Cunningham

Associate Chief Public Health Inspector

Nuisances

Works of repair and maintenance to old properties were required of owners or were carried out in default by the Corporation's contractors during the year, together with drain clearing and repair both under Public Health Act procedure and under the amended Housing Act powers. Two Thousand One Hundred and Thirty Six visits were made in this connection.

Perhaps the oddest complaint was of creosote appearing, in substantial quantities, in the floor washings sump of a public house beer cellar. This now, is being pumped, via test borings, from the subsoil of adjacent ground. One wonders at the possibilities, on requesting "a pint of mixed", if the pipes should be confused!

Travellers — A Site For Their Caravans

In the autumn a site for 15 caravans was opened within the Borough at Batmans Hill.

The site consists of 15 hardstandings with individual drainage and water supply points and a toilet block comprising individual toilets for each caravan.

A sum of £12.00 made up of £5 deposit plus two weeks rent is charged before any caravan is allowed on to the site and no hard-standing has been unoccupied since the site was opened.

Due to the initial cost of the site such things as replacing part of the ash surface of the site with a paved surface, provision of individual electric power points and an ablution block have been postponed until we have more experience of the site in operation.

The caravanners are very responsible in their attitude towards the facilities which have been provided and are very appreciative of the fact that their days of being "moved on" are now gone.



Site for Travellers Caravans – Opened September, 1971.



Site for Travellers – Permanent Residents?

Photographs by courtesy of the Birmingham Evening Mail.

Animal Health and Welfare

One further case of Fowl Pest, in a small domestic flock was confirmed during the year. It is, perhaps a sign of the times that the site on which the 1970 outbreak occurred has been sold and cleared for private housing development.

Increased attention was paid to waste food processing plants and the smaller premises where poultry are housed prior to sale or slaughter. It is probably more than mere coincidence, since the appropriate sections of the department announced the standards required for poultry pens, slaughtering rooms and subsequent storage and sale facilities, that the number of small commercial slaughterers of poultry has dropped from twelve to four.

In the absence of legally enforceable bacteriological standards for animal feedstuffs an investigation was carried out, with the assistance of the Public Health Laboratory Service, into the condition of the product, a high protein additive, produced at the poultry by-product processing plant. All samples, whether taken at the first or second stage of heat treatment, were found to be free from contamination.

One word of hope for the faint hearted or of despair for the devotees of a certain type of cinema entertainment, appeared in The Rabies (Importation of Mammals) Order, 1971, "henceforth any vampire bat imported into the country will be subject to quarantine for life".

Animal Organic By-Products

One of the main plants in the Borough dealing in animal by-products is one which steam cooks poultry feathers and offal into a high protein additive for animal feeding meal.

To reduce the moisture content of the end product, in 1970 they purchased an oil-fired ring drier from abroad. This was very successful in its main object but unfortunately in the drying process minute quantities of obnoxious vapours were given off, resulting in many complaints from neighbouring residents.

As a result of these complaints, the company appointed a consultant chemist to investigate methods which could be used to eliminate these very offensive odours.

Finally a catalytic oxidiser plant was purchased. This draws all

the exhaust gases from the cookers and drier over a platinum catalyst bed and oxidises them. This plant was installed in the summer and for three months no complaints were received of any offensive adours. However, after this period complaints of obnoxious odours emanating from the plant began to be received again and the manufacturers of the oxidiser immediately began investigations into the cause of the breakdown. No satisfactory cause has been discovered although complaints are now less frequent and vociferous.

An abatement notice, regarding the obnoxious odours, was served on the company in December.

Pet and Domestic Animals

Regular inspections of premises and examinations of registers, were made under the provisions of the Pet Animals Act, 1951, the Animal Boarding Establishments Act, 1963, and the Riding Establishments Act, 1964 and 1970.

The number of premises licensed and operating was as follows:—

Pet Animals	16
Boarding Establishments	3
Riding Establishments	2

A new Riding Establishment was opened which provides stabling of a high standard for 22 horses.

Water Supply

Nine chemical and six bacteriological examinations were made of drinking water in addition to the regular examinations carried out by the South Staffordshire Water Works Company and City of Birmingham Water Department, the two undertakings providing mains supplies to the area.

Typical Chemical Analyses

	South Staffordshire Waterworks supply	Birmingham Water Dept. supply
	Chemical results ex- pressed as parts per million.	Chemical results expressed as parts per million.
Appearance	Bright few small particles	Bright few small particles
Total Hardness	160	23
Ammoniacal Nitrogen	0.006	0.011
Albuminoid Nitrogen	0.049	0.085
Chlorine in Chlorides	35	11
Nitrate Nitrogen	2.5	NIL
Oxygen absorbed from permanganate at 27°C in 4 hours	0.8	1.2
Total Solids dried at 180°C	240	48
Nitrate Nitrogen	0.001	0.09
pH	7.3	7.4
Free Chlorine	—	—
Radioactivity	—	—
Electrical Conductivity @ 20°C	313 micromhos/cm ³	66 micromhos/ cm ³

There was a substantial decrease in the number of complaints of fresh water crustacean infestation. There was no complaint about palatability although the South Staffordshire Waterworks supply continues to be supplemented with treated water from the River Severn.

Lead pollution and contamination has been in the public mind in recent months. Plumbo solvency presents no particular problem in the waters available in the town, nevertheless it is intended, in what remains of the financial year to carry out some monitoring sampling in certain older, larger, lead piped properties. This will be combined with an investigation into purity of supplies in high-rise flats.

Twenty one bacteriological swabs were taken of drinking fountains in public parks during the schools' summer holidays. The results, on the whole were satisfactory. A similar investigation carried out in a Junior/Infants School showed that contamination of the nozzle of the fountain varied inversely with the pressure setting of the jet, except of course, the one jet which spouted to a height of three feet and was regarded as entertaining rather than thirst quenching.

Houses without indoor supplies or having inadequate supplies

The adequacy of supplies in houses, both generally and in Improvement Areas, where a common supply pipe is shared, has received much attention during the year.

Investigations, the resultant paperwork and the supervision of contractors are both detailed and time consuming. The reactions of owners, particularly of owner/occupiers, when advised that underground water pipes are within their ownership and responsibility, are rather mixed.

Statistically the following results have been achieved outside improvement areas during the year.

Preliminary notices served and number of premises involved	219
Statutory notices served :	120
Supplies improved; (a) either in default or upon owners' orders :	40
(b) privately	4
Orders with contractors, either in default or upon owners' orders :	86
Premises in which investigation and survey has been completed :	114
Premises under investigation and survey :	75

Swimming Pools

In addition to the public baths at West Bromwich, Wednesbury and Tipton, which are controlled by the Baths and Estates Committee, there are 11 swimming pools, varying considerably in size and technical specification, situated in the following schools :—

Alexandra High	Gorse Farm Junior
Churchfields High	Grove Vale Junior
Joseph Edward Cox Junior	Harvills Hawthorn Junior
Dartmouth High	Millfields Special
Fir Tree Junior	Shenstone Lodge Special
	Yew Tree Junior

One Hundred and Fifty Five samples of swimming pool water were submitted for bacteriological examination in conjunction with pH and free chlorine readings taken at the pool side. This is a substantial increase on last years figures when much time was spent on corrective reinspections. Only 2 samples were found to be significantly below standard and in each case immediate remedial action was taken.

Alexandra High School pool continues to be out of use, awaiting structural repair and Fir Tree Junior School pool is not available, except in summer months, due to the lack of water heating.

Seven samples and comparator readings were taken from paddling pools in municipal parks during the summer school holidays and all were found to be sub-standard.

Pharmacy and Poisons Act 1933 and Medicines Act 1941

The number of shopkeepers registered with the Council for the sale of items under Part II of the Poisons List, numbered 48 at 31st. December, 1971.

During the year a firm of pharmacists discontinued trading in the town and the shopfitters employed by the incoming shop tenant found amongst the discarded miscellanea a quantity of drugs listed in Part 1 of the Poisons List.

It is understood that this is not an offence under the Act although the matter is under investigation by Inspectors of the Pharmaceutical Society who have a dual role of enforcing the provisions relating to the Part 1 list and of looking into matters of responsible professional conduct.

Hairdressers and Barbers

New Byelaws were made during the year in respect of Hairdressers and Barbers.

The total number of establishments in the Borough is 137.

Rag Flock and Other Filling Materials Act, 1951

There is only one manufacturing premise within the Borough. No samples were taken.

Rodent and Pest Control

Prevention of Damage by Pests Act, 1949

Summary of Destruction of Rats and Mice : 1971

Properties other than Sewers	Non-Agricultural	Agricultural
1. Number of properties in District	64,862	13
2. (a) Total number of properties (including nearby premises) inspected following notification	2,725	—
(b) Number infested by : (i) rats	2,208	—
(ii) mice	517	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	364	—
(b) Number infested by : (i) rats	209	—
(ii) mice	155	—

During 1971, 3,089 treatments against rats and mice were carried out, this figure does not include any secondary treatments :—

Private and Council houses	—	2,057
Factories and Shops	—	1,032

Sewers

During the year some 1,800 covers were lifted and treatment made. Of these only 1% were infested and not of a very serious nature.

Waste Land

Infestations, particularly by rats in loose refuse and debris tipped on waste land were encountered, and in view of the danger to children who use these areas as playgrounds, it was difficult to carry out thorough treatment. Spreading and levelling by a mechanical shovel were effective in controlling infestation and making the site less unsightly.

Rodent Control in Factories

Contracts covering rodent and insect control now cover some 243 factories and shops in the area. Close co-operation between the public health inspectors and the rodent control staff has resulted in several contracts being arranged for shops in the Borough.

Insects

Some 288 treatments were made during the year, and the following figures show the types of insects treated :

Cockroaches	147	Wasps	18
Bed Bugs	25	Bees	3
Flies	25	Crickets	5
Silver Fish	6	G.S. Beetle	6
Clover Mite	6	Ants	29
Moles	12	Stored Products	
Fleas	4	Pests	2

CLEANSING AND SALVAGE

Refuse Collection.

Following negotiations with the trade unions and meetings with the employees a productivity scheme was agreed for household refuse collection. The scheme was introduced in September and has reduced the original 21 crews to 15 domestic crews and one town crew. The scheme has, however, made men available for the formation of two special collection crews, a bin inspector and a Civic Amenity crew.

The department is now better able to remove any bulky items or accumulations of rubbish. All items of domestic refuse i.e. discarded furniture are collected free of charge. Rubble and large accumulations of garden waste are charged for at reasonable rates.

Refuse Containers and Storage

Requests for plastic dustbins under the municipal scheme increased to 5,600 representing a 12% increase on the previous year. It is now estimated that about 43,000 plastic bins are in use in the borough.

Some of the larger companies using the 8 cubic yard service have reduced their requirements. New users have compensated for this loss of work giving a nett result of a static average requirement for the year.

The cheapest and most efficient method of removing medium quantities of refuse i.e. six dustbins and over, is by bulk containers of 1¼ cubic yards capacity. Fifty such containers have been issued during the year. A welcome alternative to a multiplicity of small bins which are less acceptable to the eye.

It is anticipated that this service will double within five years. At 62p per emptying many small traders are being attracted to this service.

As mentioned earlier a Bin Inspector now issues all replacement bins within the borough following his inspection.

Waste Paper

Due to a drop in demand from the board mills it was necessary to adjust the collection arrangements. Collection crews were instructed to be more selective in what they collected and to avoid collecting

rubbish which may have contained 75% of salvageable paper or less. This rubbish would then be collected by refuse collection crews as refuse. This has enabled the department to maintain its out-put of baled paper close to the quota allocated by the mills.

Civic Amenities :

Following the reorganisation of refuse collection the department is now better able to deal with any site clearing or removal of abandoned vehicles quickly.

A driver and mate are employed full-time on this work and it is hoped that the special collection service available will be used instead of resorting to dumping unwanted rubbish.

Vehicles and Equipment

From July 1971 the fleet was accommodated in a compound at Sheepwash Lane Depot, although improvisation played a large part in the arrangements which were made at short notice. From the view point of operational conveniences and efficiency they constitute a long sought improvement.

The following vehicles comprise the fleet in use at the 31st of December, 1971 for all purposes within the cleansing section. The oldest vehicle was placed in service in October 1961. A reduction in the operational life of the vehicles in regular use is intended to operate from 1972 and we aim to reduce the replacement period from 10 to 7 years.

Mobile Plant

- 1 – 977K Caterpillar tractor
- 1 – D6 Caterpillar Bulldozer
- 1 – 944A Caterpillar Shovel
- 1 – Weatherill 12H Loading Shovel

Static Plant

- 1 – Brick Crusher
- 1 – Lister Tug
- 1 – Shirtliff Paper Press
- 1 – Morimil Helmond Heavy Duty Metal Press
- 1 – 2 ton Demag Electric Hoist

Other Vehicles of the Cleansing Section

- 1 – 50 cubic yards Revopak.
- 9 – 50 cubic yard Pakamatics
- 4 – 35 cubic yard Pakamatics
- 10 – 18/20 Fore and Aft Tippers
- 5 – 18/20 Fore and Aft Tippers with bulk loading attachments
- 1 – 3 ton open truck
- 1 – 7 ton open truck
- 3 – Dempster Dumpster on Bedford Chassis
- 1 – Dempster Dumpster on BMC Chassis
- 2 – Dempster Dumpster on Ford Chassis
- 1 – Eagle Compressload 3 on Ford Chassis
- 1 – Short Wheel base Land/Rover
- 7 – 20/40 cwt. salvage vans
- 3 – 5 cwt. vans – for Cleansing Inspectors
- 1 – Ford Transit van for public conveniences
- 1 – 2 ton vehicle trailer
- 19 – salvage trailers
- 1 – Fire Engine (Dennis)

Public Conveniences

New conveniences were opened at Scott Arms and the Sandwell Shopping Centre. The former is open from 7 a.m. to 7 p.m. daily. The conveniences in the Sandwell Centre are open from 8 a.m. to 10.30 p.m. Mon – Sat. and are attended. Provision has been made for handicapped people and members of the public may use “Wash & brush up” facilities on request.

Following decimalisation all old coin boxes were removed and the use of toilets are free for a trial period of a year. The Sandwell Centre Conveniences are an exception.

W.C. ACCOMMODATION PROVIDED

	Male	Female
Library, High Street, West Bromwich	3	—
Dartmouth Square	3	5
All Saints	3	4
Hill Top	3	4
Stone Cross	3	4

	W.C. ACCOMMODATION PROVIDED	
	Male	Female
Carters Green	4	6
Birmingham Road	4	6
Gregory Street	2	4
Lower High Street, Wednesbury	4	4
Shambles, Wednesbury	3	3
Great Bridge, Tipton	3	2
Victoria Park	3	3
Coronation Gardens	2	3
Cemetery (Tipton)	2	3
Princes End	—	1
Sandwell Centre	3	3
Scott Arms	2	2

Disposal of Refuse

Disposal is by controlled tipping at Sheepwash Lane.

Other sites are being kept available for the future needs of the department for disposal space.

Some 120,000 tons of trade waste was received during the year in addition to 30,000 tons (est.) of domestic refuse.

	Tons	£ p
Wastepaper (various grades)	1653.25	18952.98
Baled Ferrous Scrap	79.84	437.71
Abandoned Cars (79)		200.30
	<hr/>	<hr/>
	1733.09	19590.99
	<hr/>	<hr/>

Total salvage collected and income received from 1968 :—

	Tons	£ p
1968	2293	19393.42
1969	2111.55	19378.19
1970	1555.50	17330.99
1971	1733.09	19590.99

Labour Turnover

Of 163 men employed on 1st January 1971, 155 were still remaining on 31st December, 1971.

(Three having left the Corporation, 4 retired and 1 died)

During the year 12 employees were taken on and left.

MONTHLY STATISTICS OF TIME LOST DUE TO SICKNESS – ACCIDENT – CASUAL ABSENCE, 1971

	JAN	FEB	MAR	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC
(a) Sick Accident	325	277	295	161	152	192	187	96	127	260	385	231
(b) Casual Absence	26	41	42	21	21	22	32	16	17	21	26	22
Average Strength	162	159	164	165	165	166	177	177	177	166	166	166
No. of working days	21	20	21	20	20	21	22	20	22	21	22	21
Possible No. of working days	3402	3180	3444	3300	3300	3486	3894	3540	3894	3486	3652	3486
% Loss Sick	9.55	8.71	8.56	4.87	4.60	5.50	4.80	2.71	3.26	7.74	10.54	6.62
% Loss Casual Absence	0.76	1.29	1.21	0.63	0.63	0.63	0.82	0.45	0.44	0.60	0.71	0.63
% Total Loss	10.31	10.00	9.77	5.50	5.23	6.13	5.62	3.16	3.70	8.05	11.25	7.25

Average Monthly Loss %

	1968	1969	1970	1971
Sick	7.65	9.57	9.14	6.46
Casual	1.47	1.62	0.55	0.73

